

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 28, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # K37843**

1. Entity Name  
**S R I, INC.**



Principal Place of Business  
**10016 MOON LAKE RD  
NEW PORT RICHEY FL 34654  
US**

Mailing Address  
**10016 MOON LAKE RD  
NEW PORT RICHEY FL 34654  
US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2915039**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RUESCHEL, STEPHAN C.  
10016 MOON LAKE RD  
NEW PORT RICHEY FL 34654**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when name is changed) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee Will Be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **D REUSCHEL, STEPHEN C.**  
STREET ADDRESS **10016 MOON LAKE RD**  
CITY- ST- ZIP **NEW PORT RICHEY FL 34654**

☐ Change ☐ Addition  
**U00000801015  
02/01/08-80001-012 150.00**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Change ☐ Addition  
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CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jan. 25, 08 727 232 1595*  
Date Daytime Phone #