

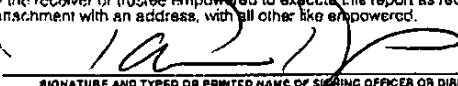
Received: 4/28/05 1:24PM; 850+872+9269 -> marchf

FROM : SEGERS, SOWELL, STEWART, JOHNSON. PHONE NO. : 850+872+9269

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90197 033 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # K64501			
1. Entity Name R & I ASSOCIATES, INC.			
Principal Place of Business 2810-13 SHARER RD PANAMA CITY, FL 32312		Mailing Address P.O. BOX 2346 PANAMA CITY, FL 32402	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 36-3626170		Applied For Not Applicable	
5. Certificate of Status Declared ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SEGERS, SOWELL, STEWART & JOHNSON, P.A. 628 LUVERNE AVENUE PANAMA CITY, FL 32401		7. Name and Address of New Registered Agent 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 relinquishing) Signature, typed or printed name of registered agent and this if applicable. DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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 NAME STREET ADDRESS CITY- ST- ZIP	PSVT RAO, PALEP N 3027 KINGS HARBOUR ROAD PANAMA CITY, FL 32405 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		4/27/05 4045021822	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

40069918



04282005 Chg-P CR2E034 (10/03)