

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K66013

FILED  
Jan 08, 2004  
Secretary of State

**Entity Name:** RICCIARDELLI INSULATION CONTRACTING, INC.

**Current Principal Place of Business:**

C/O MICHAEL RICCIARDELLI  
6881 W. WEDGEWOOD AVE  
DAVIE, FL 33331 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O MICHAEL RICCIARDELLI  
6881 W. WEDGEWOOD AVE.  
DAVIE, FL 33331 US

**New Mailing Address:**

**FEI Number:** 65-0112229

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RICCIARDELLI, MICHAEL N  
6881 W. WEDGEWOOD AVE.  
DAVIE, FL 33331

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: RICCIARDELLI, MARGARET M  
Address: 6881 W. WEDGEWOOD AVE.  
City-St-Zip: DAVIE, FL 33331

Title: STD ( ) Delete  
Name: RICCIARDELLI, MICHAEL N.  
Address: 6881 W. WEDGEWOOD AVE  
City-St-Zip: DAVIE, FL 33331

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** MICHAEL N. RICCIARDELLI

STD

01/08/2004

Electronic Signature of Signing Officer or Director

Date