


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2005 8:00 am**  
**Secretary of State**

03-07-2005 90275 030 \*\*\*\*61.25

<b>DOCUMENT # N19072</b> 1. Entity Name <b>R. L. L. Y., INC.</b>					
Principal Place of Business <b>C/O LACY PRATT 2400 CHELSEA STREET ORLANDO, FL 32803-2124 US</b>			Mailing Address <b>2400 CHELSEA STREET ORLANDO, FL 32803-2212 US</b>		
2. Principal Place of Business <b>2494 ALCLOBE CIRCLE</b> Suite, Apt. #, etc.		3. Mailing Address <b>2494 ALCLOBE CIRCLE</b> Suite, Apt. #, etc.		<b>50022871</b> 	
City & State <b>OCOE, FL</b> Zip <b>34761-8947</b>		City & State <b>OCOE, FL</b> Zip <b>34761-8947</b>		4. FEI Number <b>59-2778041</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>PRATT, LACY 2400 CHELSEA STREET ORLANDO, FL 32803</b>				7. Name and Address of New Registered Agent Name <b>PRATT, LACY</b> Street Address (P.O. Box Number is Not Acceptable) <b>2494 ALCLOBE CIRCLE</b> City <b>OCOE</b> FL Zip Code <b>34761-8947</b>	
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 <u><i>Lacy Pratt</i></u> <b>V.P., DIRECTOR</b> <b>MARCH 4<sup>th</sup> 2005</b> <small>Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to: Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD PILCHER, KAREN 2494 ALCLOBE CIRCLE OCOE, FL 34761</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTD PRATT, LACY 2400 CHELSEA STREET ORLANDO, FL 328032124</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTD PRATT, LACY 2494 ALCLOBE CIRCLE OCOE, FL 34761-8947</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST PRATT, KEVIN L 10623 SOUTH ST GARRETSVILLE, OH 442311108</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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.					
<b>SIGNATURE: <u><i>Lacy Pratt</i></u> <b>LACY PRATT V.P., DIRECTOR</b> <b>MARCH 4<sup>th</sup> 2005</b> <b>407-582-5775</b></b> <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					