

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2004 8:00 am
Secretary of State

01-14-2004 90003 013 ***150.00

DOCUMENT # P00000046986					
1. Entity Name RICKER GALLERY'S FLORIDA, INC.					
Principal Place of Business 254 RONALD REAGAN BLVD #130 LONGWOOD, FL 32750			Mailing Address 265 EAST TRADEWINDS ROAD WINTER SPRINGS, FL 32708		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01102004 Chg-P CR2E034 (10/03)	
4. FET Number 59-3646845				☐ Applied for ☐ Not Applicable	
5. Certificate of Status Desired				☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FORCE, KENNETH R 265 EAST TRADEWINDS ROAD WINTER SPRINGS, FL 32708				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				City	
State				State	
Zip Code				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 _____ DATE _____ Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent Signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PVD FORCE, KAARN J 265 EAST TRADEWINDS ROAD WINTER SPRINGS, FL 32708	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	STD FORCE, KENNETH R 265 EAST TRADEWINDS ROAD WINTER SPRINGS, FL 32708	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption under Section 119.07(3)(b), 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: KEN FORCE 1-12-04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					