


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 07, 2004 8:00 am**  
**Secretary of State**

05-07-2004 90125 021 \*\*\*150.00

<b>DOCUMENT # P00000058946</b> 1. Entity Name <b>RICCIO GROUP, INC.</b>	
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Principal Place of Business <b>2338 IMMORALEA STE 144 NAPLES FL 34110</b>	Mailing Address <b>2338 IMMORALEA STE 144 NAPLES FL 34110</b>
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2. Principal Place of Business <b>PO Box 522</b> Suite, Apt. #, etc.	3. Mailing Address <b>PO Box 522</b> Suite, Apt. #, etc.
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City & State <b>Summerfield FL</b>	City & State <b>Summerfield FL</b>
Zip <b>34492</b>	Country <b>USA</b>

4. FEI Number <b>59-3650458</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>RICCIO, STEPHEN D 2338 IMMORALEA RD STE 144 NAPLES FL 34110</b>	
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7. Name and Address of New Registered Agent Name <b>Riccio, Stephen D</b> Street Address (P.O. Box Number is Not Acceptable) <b>180 Cypress Way East F243</b> City <b>Naples</b> FL Zip Code <b>34110</b>	
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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><b>Stephen D. Riccio, Stephen D. Riccio</b></u> DATE <b>4-20-04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D RICCIO, STEPHEN D SUITE 144, 2338 IMMOKALER RD NAPLES FL 34110</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>180 Cypress Way East, F243 Naples, FL 34110</b>
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"/> Change <input type="checkbox"/> Addition
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"/> 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 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.	
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SIGNATURE: <u><b>Stephen D. Riccio, Stephen D. Riccio</b></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <b>4-20-04</b>	Daytime Phone # <b>239-248-4123</b>
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MOORE CR2E034 (11/03)