

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 22, 2008 8:00 am**  
**Secretary of State**

05-22-2008 90017 002 \*\*\*150.00

**DOCUMENT # P00000067534**

1. Entity Name  
RIFE MANAGEMENT, INC.



Principal Place of Business

2055 LIVE OAK BLVD  
ST CLOUD, FL 34771

Mailing Address

2055 LIVE OAK BLVD  
ST CLOUD, FL 34771

60043340



**DO NOT WRITE IN THIS SPACE**

03202008 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-3661118

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RIFE, MARK A  
2055 LIVE OAK BLVD  
SAINT CLOUD, FL 34771

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D  
NAME RIFE, MARK A  
STREET ADDRESS 2055 LIVE OAK BLVD  
CITY-ST-ZIP ST CLOUD, FL 34771

TITLE D  
NAME RIFE, CAROL L  
STREET ADDRESS 2055 LIVE OAK BLVD  
CITY-ST-ZIP ST CLOUD, FL 34771

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

*Carol L Rife*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/08 937 369-3043  
Date Daytime Phone  
CELL