

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000078400

1. Entity Name
RILEY COMPOSITES, INC.



Principal Place of Business
**12166 75TH LANE NORTH
WEST PALM BCH, FL 33412**

Mailing Address
**12166 75TH LANE NORTH
WEST PALM BCH, FL 33412**



01132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1135482

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RILEY, BRIAN
12166 75TH LANE NORTH
WEST PALM BCH, FL 33412**

**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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PVP
NAME	RILEY, BRIAN E
STREET ADDRESS	12166 75TH LANE NORTH
CITY-ST-ZIP	W PALM BCH, FL 33412
TITLE	ST
NAME	RILEY, PAMELA C
STREET ADDRESS	12166 75TH LANE NORTH
CITY-ST-ZIP	W PALM BCH, FL 33412
TITLE	V
NAME	STRICKLAND, STEPHEN
STREET ADDRESS	4300 APT 9 N FLAGLER DR
CITY-ST-ZIP	WEST PALM BEACH, FL 33407
TITLE	V
NAME	TUOMI, ANTON E
STREET ADDRESS	1512 DONALD RD
CITY-ST-ZIP	JUPITER, FL 33469
TITLE	V
NAME	SKILTON, ALLEN
STREET ADDRESS	4300 APT 12 N FLAGLER DR
CITY-ST-ZIP	WEST PALM BEACH, FL 33407
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/02/05-80012-009 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/05

Date

561-393-0317

Daytime Phone #