


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> P00000078400 <b>1. Entity Name</b> RILEY COMPOSITES, INC.	
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<b>Principal Place of Business</b> 12166 75TH LANE NORTH WEST PALM BCH, FL 33412	<b>Mailing Address</b> 12166 75TH LANE NORTH WEST PALM BCH, FL 33412
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04/04/06-80014-021 150.00



01242006 No Chg-P CR2ED34 (11/05)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 65-1135482	<b>Applied For</b> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  RILEY, BRIAN 12166 75TH LANE NORTH WEST PALM BCH, FL 33412
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**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, 2006 Fee will be \$550.00**

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

<b>10. OFFICERS AND DIRECTORS</b>	
<b>TITLE</b>	PVP
<b>NAME</b>	RILEY, BRIAN E
<b>STREET ADDRESS</b>	12166 75TH LANE NORTH
<b>CITY-ST-ZIP</b>	W PALM BCH, FL 33412
<b>TITLE</b>	ST
<b>NAME</b>	RILEY, PAMELA C
<b>STREET ADDRESS</b>	12166 75TH LANE NORTH
<b>CITY-ST-ZIP</b>	W PALM BCH, FL 33412
<b>TITLE</b>	V
<b>NAME</b>	STRICKLAND, STEPHEN
<b>STREET ADDRESS</b>	4300 APT 9 N FLAGLER DR
<b>CITY-ST-ZIP</b>	WEST PALM BEACH, FL 33407
<b>TITLE</b>	V
<b>NAME</b>	FLOWERS, STEVEN
<b>STREET ADDRESS</b>	2320 N. DIXIE
<b>CITY-ST-ZIP</b>	W. PALM BEACH, FL 33407
<b>TITLE</b>	V
<b>NAME</b>	SPENCER, ALFRED J
<b>STREET ADDRESS</b>	620 SOUTH N STREET
<b>CITY-ST-ZIP</b>	LAKE WORTH, FL 33460
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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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 other attachment with an address, with all other like empowered.**

**SIGNATURE**  **3/15/06** **561-373-0317**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #