

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000081739

1. Entity Name
RICCARDI ENTERPRISES, INC.



Principal Place of Business
935 JUNGLE AVENUE NORTH
ST PETERSBURG, FL 33710

Mailing Address
935 JUNGLE AVENUE NORTH
ST PETERSBURG, FL 33710

DO NOT WRITE IN THIS SPACE



03142003 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3672519

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CFRA, LLC
ONE HARBOUR PL
777 S HARBOUR ISLAND BLVD., STE 500
TAMPA, FL 33602

**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 reappointing)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

U00000171140
08/30/04-80005-021 550.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
D
RICCARDI, DONALD J
STREET ADDRESS
935 JUNGLE AVENUE NORTH
CITY - ST - ZIP
ST PETERSBURG, FL 33710

TITLE
NAME
P
RICCARDI, JOAN A
STREET ADDRESS
935 JUNGLE AVE N
CITY - ST - ZIP
SAINT PETERSBURG, FL 33710

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
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CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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 empowerments.

SIGNATURE: Donald J Riccardi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/30/04 (227) 346-0504
Date
Customer Phone #