

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90062 003 ***150.00

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1. Entity Name
RIOT, INC.



Principal Place of Business

301 N US HWY 27
E
CLERMONT, FL 34711

Mailing Address

PO BOX 120848
CLERMONT, FL 34712-0848

2. Principal Place of Business - No P.O. Box #

1645 E Hwy 50

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite 207

Suite, Apt. #, etc.

City & State

Clermont Florida

City & State

Zip

34711

Country

Lake

Zip

Country

02272008

Chg-P

CR2E034 (12/06)

4. FEI Number

59-3705420

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STRINGFELLOW, JAYSON A
1455 W. LAKESHORE DR.
CLERMONT, FL 34711

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME STRINGFELLOW, JAYSON
STREET ADDRESS PO BOX 120848
CITY-ST-ZIP CLERMONT, FL 347120848

TITLE D ☐ Delete
NAME MENEFE, FRANK
STREET ADDRESS #6625 REDWING RD.
CITY-ST-ZIP GROVELAND, FL 34736

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jayson A Stringfellow 2-28-60 352-267-1101