

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jul 25, 2005 08:00 AM
Secretary of State**

DOCUMENT # P01000064709

1. Entity Name
RIF-RAF PRODUCTIONS, INC.



Principal Place of Business

**14 S MAGNOLIA
OCALA, FL 34474**

Mailing Address

**14 S MAGNOLIA
OCALA, FL 34474**



DO NOT WRITE IN THIS SPACE

07132005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3729380	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**COLLINS, CHRISTOPHER
14 S MAGNOLIA AVE
OCALA, FL 34474**

**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 rechartering)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	COLLINS, CHRISTOPHER
STREET ADDRESS	14 S MAGNOLIA
CITY - ST - ZIP	OCALA, FL 34474

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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CITY - ST - ZIP	

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IN THIS SPACE**

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07/25/05-80011-018 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-21-05 352-875-8301
Date Daytime Phone #