


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000072241 1. Entity Name RICHARD LEE ELIOT, INC.	
---	---

Principal Place of Business 6017 JARVIS ST. TAMPA, FL 33634	Mailing Address 6017 JARVIS ST. TAMPA, FL 33634
---	---



01182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3737683	Applied For Not Applicable
-----------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent

CIARAVELL, MARK W
4412 EL PRADO BLVD.
TAMPA, FL 33629

**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 NAME STREET ADDRESS CITY-ST-ZIP	DP GORECKI, DARRYL 1090 PINELLAS BAY WAY, #B-6 TERRA VERDE, FL 33715
--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BERG, RICK L 13903 MIDDLE PARK DR. TAMPA, FL 33624
--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DDV RHODES, STEVEN ELIOT 19129 WIND DANCER ST. LUTZ, FL 33549
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

000000185980
01/21/05-80038-011 150.00

**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

Darryl Gorecki
Darryl Gorecki

1/18/05

Date

813-882-6000

Daytime Phone #