

# FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P01000097332

1. Entity Name

R & R Companies, Inc.



FILED

11 MAY 25 PM 4:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

3695 SE 54th Avenue

Suite, Apt. #, etc.

3. Mailing Address

3695 SE 54th Ave

Suite, Apt. #, etc.

NAME

City & State

Ocala, FL

City & State

Ocala, FL

4. FEI Number

59-3750296

Applied For

Not Applicable

Zip

34480

Country

USA

Zip

34480

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

CR2E034B (1/11)

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7. Name and Address of Current Registered Agent

Name

Regina Rickman

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

3695 SE 54th Avenue

City

Ocala

FL

Zip Code

34480

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 re-instating)

DATE

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to: Florida Department of State

9. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

E-mail Address:

RSRickman@embargoemail.com

E-mail address to be used for future annual report notices

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	Regina J. Rickman
STREET ADDRESS	3695 SE 54th Ave.
CITY-ST-ZIP	Ocala, FL 34480
TITLE	VP
NAME	Delmon Rickman, Jr
STREET ADDRESS	3695 SE 54th Avenue
CITY-ST-ZIP	Ocala, FL 34480
TITLE	S
NAME	Delmon Rickman, Jr
STREET ADDRESS	3695 SE 54th Avenue
CITY-ST-ZIP	Ocala, FL 34480
TITLE	T
NAME	Regina J. Rickman
STREET ADDRESS	3695 SE 54th Ave.
CITY-ST-ZIP	Ocala, FL 34480
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE:

Regina J. Rickman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/23/11

DATE

352 624-0879

Daytime Phone #