

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000010705

1. Entity Name  
THE RECCHIA GROUP INC



Principal Place of Business  
7973 SOUTH PARK PLACE  
ORLANDO, FL 32819

Mailing Address  
7973 SOUTH PARK PLACE  
ORLANDO, FL 32819

**FILED**  
**Jun 16, 2008 08:00 AM**  
**Secretary of State**



06112008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
03-0421519  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

RECCHIA BROWN, MARY A  
7973 SOUTH PARK PLACE  
ORLANDO, FL 32819

**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  
Due by September 12, 2008**

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 PS  
NAME RECCHIA BROWN, MARY A MS  
STREET ADDRESS 7973 SOUTH PARK PLACE  
CITY-ST-ZIP ORLANDO, FL 32819

TITLE V  
NAME BROWN, ROBERT H SR  
STREET ADDRESS 7973 SOUTH PARK PLACE  
CITY-ST-ZIP ORLANDO, FL 32819

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

U00000953149  
06/16/08-80001-018 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 #