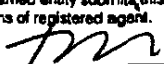


FILED
Apr 26, 2004 8:00 am
Secretary of State

03-18-2004 90002 040 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000008010			
1. Entity Name RILEYCO INCORPORATED			
Principal Place of Business 513 COLUMBIA DRIVE TAMPA, FL 33606		Mailing Address 513 COLUMBIA DRIVE TAMPA, FL 33606	
2. Principal Place of Business 58 Davis Boulevard		3. Mailing Address 58 Davis Boulevard	
Suite, Apt. #, etc. #4		Suite, Apt. #, etc. #4	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 02 0667815		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FULMINO, TODD S 513 COLUMBIA DRIVE TAMPA, FL 33606		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number if Not Acceptable) 58 Davis Boulevard 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  DATE 3/15/2004 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President TODD FULMINO 58 DAVIS BOULEVARD #4 TAMPA, FL 33606	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		Date 3/15/2004 De/Rev Phone #	