

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 11, 2006 8:00 am**  
**Secretary of State**

07-11-2006 90017 010 \*\*\*550.00

**DOCUMENT # P03000013306**

1. Entity Name  
**RYCKMAN & ASSOCIATES INC**



Principal Place of Business  
**2600 OKECHOBEE RD  
FORT PIERCE, FL 34947**

Mailing Address  
**C/O EDWARD RYCKMAN  
339 NW BAYONET PLACE  
JENSEN BEACH, FL 34957**

40050600



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07052006

Chg-P

CR2E034 (11/05)

4. FEI Number  
**65-0679564**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

**RYCKMAN, EDWARD  
339 NW BAYONET PLACE  
JENSEN BEACH, FL 34957**

## 7. Name and Address of New Registered Agent

Name

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 6, 2006**

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  
**P  
RYCKMAN, EDWARD  
339 NW BAYONET PLACE  
JENSEN BEACH, FL 34957** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
Barone, Anthony  
534 SW Sundance Trail  
Port St. Lucie, FL 34953** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CEO  
Barone, Vincent  
811 St Julian Court  
Port St Lucie, FL 34986** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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 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

**7/6/06**  
Date

**772-260-0582**  
Daytime Phone #