

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2006 8:00 am**  
**Secretary of State**

04-06-2006 90027 038 \*\*\*150.00

<b>DOCUMENT # P03000065007</b> 1. Entity Name <b>RICK'S ELECTRONICS, INC.</b>																													
Principal Place of Business <b>4637 SE DEL PRADO BLVD CAPE CORAL, FL 33904</b>			Mailing Address <b>846 SE 46TH LANE CAPE CORAL, FL 33904</b>																										
2. Principal Place of Business <b>4519 SE 16TH PLACE</b> Suite, Apt. #, etc. <b>108</b>			3. Mailing Address <b>4519 SE 16TH PLACE</b> Suite, Apt. #, etc. <b>108</b>																										
City & State <b>CAPE CORAL, FLORIDA</b>			City & State <b>CAPE CORAL, FLORIDA</b>																										
Zip <b>33904</b>		Country <b>USA</b>		Zip <b>33904</b>																									
Country <b>USA</b>		4. FEI Number <b>11-3696590</b>																											
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																													
6. Name and Address of Current Registered Agent  <b>SHAFFER, RICHARD 4637 SE DEL PRADO BLVD CAPE CORAL, FL 33904</b>			7. Name and Address of New Registered Agent Name <b>RICHARD M. SHAFFER</b> Street Address (P.O. Box Number is Not Acceptable) <b>1512 SE 8TH AVENUE</b> City <b>CAPE CORAL</b> FL Zip Code <b>33990</b>																										
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 <b>3/28/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">PSTD</td> <td style="width: 40%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SHAFFER, RICHARD</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>846 SE 46TH LANE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>CAPE CORAL, FL 33904</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">PSTD</td> <td style="width: 40%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>RICHARD M. SHAFFER</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1512 SE 8TH AVENUE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>CAPE CORAL, FLORIDA 33990</td> <td></td> </tr> </table> </div> </div>						TITLE	PSTD	<input type="checkbox"/> Delete	NAME	SHAFFER, RICHARD		STREET ADDRESS	846 SE 46TH LANE		CITY - ST - ZIP	CAPE CORAL, FL 33904		TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	RICHARD M. SHAFFER		STREET ADDRESS	1512 SE 8TH AVENUE		CITY - ST - ZIP	CAPE CORAL, FLORIDA 33990	
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.																													
SIGNATURE:  DATE <b>3/28/06 (239) 544-1646</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													

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