

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90133 017 ***150.00

DOCUMENT # P03000128578

1. Entity Name
RICORP, INC.



Principal Place of Business
11556 YOUNG ROAD
JACKSONVILLE, FL 32218 US

Mailing Address
11556 YOUNG ROAD
JACKSONVILLE, FL 32218 US

50006684



2. Principal Place of Business
3043 Paddle Creek Dr.
Suite, Apt. #, etc.

3. Mailing Address
3043 Paddle Creek Dr.
Suite, Apt. #, etc.

01122006 Chg-P CR2E034 (11/05)

City & State
Jacksonville FL
Zip 32223 Country DUVAL

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Jacksonville, FL
Zip 32223 Country DUVAL

4. FEI Number
41-2112076
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RICCIARDELLI, DANIEL J
11556 YOUNG ROAD
JACKSONVILLE, FL 32218

7. Name and Address of New Registered Agent

Name
RICCIARDELLI, DANIEL J.
Street Address (P.O. Box Number is Not Acceptable)

3043 Paddle Creek Dr.
City Jacksonville FL Zip Code 32223

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 *Daniel J. Ricciardelli* DANIEL J. RICCIARDELLI, PRESIDENT, March 27, 2006
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
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PTD
NAME RICCIARDELLI, DANIEL J PRES
STREET ADDRESS 11556 YOUNG ROAD
CITY-ST-ZIP JACKSONVILLE, FL 32218 ☐ Delete

TITLE SD
NAME D. JOSEPH RICCIARDELLI
STREET ADDRESS 11556 YOUNG ROAD
CITY-ST-ZIP JACKSONVILLE, FL 32218 ☐ Delete

TITLE VD
NAME RICCIARDELLI, LINDA S
STREET ADDRESS 11556 YOUNG ROAD
CITY-ST-ZIP JACKSONVILLE, FL 32218 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD
NAME DANIEL J. RICCIARDELLI, Pres.
STREET ADDRESS 3043 PADDLE CREEK DR.
CITY-ST-ZIP JACKSONVILLE, FL 32223 ☒ Change ☐ Addition

TITLE SD
NAME D. JOSEPH RICCIARDELLI
STREET ADDRESS 522 PINE ST.
CITY-ST-ZIP NEPTUNE BEACH FL 32260 ☒ Change ☐ Addition

TITLE VD
NAME LINDA S. RICCIARDELLI
STREET ADDRESS 3043 PADDLE CREEK DR.
CITY-ST-ZIP JACKSONVILLE, FL 32223 ☒ 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: *Daniel J. Ricciardelli*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 27, 2006 904-525-3693
Date Daytime Phone #