2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 08:00 AM
Secretary of State

ANNUAL REPORT	
DOCUMENT # P03000133216	6
1. Entity Name RICKY'S METAL, INC.	
RICKT SIVIETAL, INC.	

Principal Place of Business

1590 CAMPUS PLACE ORANGE PARK, FL 32065 Mailing Address

1590 CAMPUS PLACE ORANGE PARK, FL 32065



DO NOT WRITE IN THIS SPACE

02082008 No Chg-P CR2E034 (11/05)

4. FEI Number A

51-0488446

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JEFFERS, RICHARD H 1590 CAMPUS PLACE ORANGE PARK, FL 32065

NAME STREET ADDRESS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	ed office or re	gistered agent, or bo	oth, in the State	e of Florida. I am familia	ir with, and accep
SIGNATURE	Signature typed or printed name of registered agent and title	d applicable (NOTE Registered	d Agent signature	required when reinstating)		DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Finan Trust Fund Contribution.	icing	\$5.00 May Be Added to Fees	U00 05/09/)000315408 708-80014-004	150.00
10.	OFFICERS AND DIRE	CTORS	Anna Light	THE KERRY SAF	法所在信用证	4,144,144,144,1344	r prijet ik sladen e
NAME STREET ADDRESS -CITY-ST-ZIP	D JEFFERS, RICHARD H 1590 CAMPUS PLACE ORANGE PARK, FL 32065						
TITLE NAME STREET ADDRESS							

DO NOT WRITE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes 1 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 POPED OF PARTIES NAME OF SIGNING OFFICER OR DIRECTO

2/9/08 904-2/3-45/7
Date Doyling Phone *