# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 08, 2007**
**Secretary of State**

DOCUMENT# P04000030409

**Entity Name:** RIB CITY FIDDLESTICKS, INC.

**Current Principal Place of Business:**

12995 S CLEVELAND AVE STE 110
FT MYERS, FL 33907

**New Principal Place of Business:**

13750 FIDDLESTICKS BLVD
SUITE 301
FT MYERS, FL 33912

**Current Mailing Address:**

12995 S CLEVELAND AVE STE 110
FT MYERS, FL 33907

**New Mailing Address:**

1429 COLONIAL BLVD
SUITE 203
FT MYERS, FL 33907

**FEI Number: 20-0734826** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PEDEN, PAUL D
2122 SECOND STREET
FT MYERS, FL 33901 US

**Name and Address of New Registered Agent:**

PEDEN, PAUL D
1429 COLONIAL BLVD
SUITE 203
FT MYERS, FL 33907 US

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.

SIGNATURE: PAUL PEDEN 01/08/2007
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: PEDEN, PAUL D PD
Address: 12995 S. CLEVELAND AVE #110
City-St-Zip: FORT MYERS, FL 33907

Title: STD ( ) Delete
Name: PEDEN, CRAIG D STD
Address: 12995 S CLEVELAND AVE #110
City-St-Zip: FORT MYERS, FL 33907

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition
Name: PEDEN, PAUL D PD
Address: 1429 COLONIAL BLVD SUITE 203
City-St-Zip: FORT MYERS, FL 33907

Title: STD (X) Change ( ) Addition
Name: PEDEN, CRAIG D STD
Address: 1429 COLONIAL BLVD SUITE 203
City-St-Zip: FORT MYERS, FL 33907

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL PEDEN PD 01/08/2007
Electronic Signature of Signing Officer or Director Date