

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P04000154410**

1. Entity Name  
**RICBAR INC.**



Principal Place of Business  
**1275 TALLEVAST RD  
SARASOTA, FL 34243**

Mailing Address  
**402 INLET RD  
RUSKIN, FL 33570**



01062007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

|   |  |
|---|--|
| 4. FEI Number<br><b>76-0770596</b>                        | Applied For<br>Not Applicable            |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional<br>Fee Required |

**6. Name and Address of Current Registered Agent**

**HECKEL, RICHARD  
402 INLET RD  
RUSKIN, FL, FL 33570**

**DO NOT WRITE  
IN THIS SPACE**

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 \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000733640  
05/09/07-90097-002 150.00

**10. OFFICERS AND DIRECTORS**

|                |                  |
|----------------|------------------|
| TITLE          | P                |
| NAME           | HECKEL, RICHARD  |
| STREET ADDRESS | 402 INLET RD     |
| CITY-ST-ZIP    | RUSKIN, FL 33570 |

|                |                  |
|----------------|------------------|
| TITLE          | V                |
| NAME           | HECKEL, BARBARA  |
| STREET ADDRESS | 402 INLET RD     |
| CITY-ST-ZIP    | RUSKIN, FL 33570 |

|                |  |
|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

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| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
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| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

**DO NOT WRITE  
IN THIS SPACE**

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

**RICHARD HECKEL**

Date

Daytime Phone #

4/23/07  
813-645-5373