

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 20, 2006 8:00 am**  
**Secretary of State**

06-20-2006 90012 032 \*\*\*150.00

**DOCUMENT # P05000021643**

1. Entity Name  
**JON RIORDAN ENTERPRISES, INC.**



Principal Place of Business  
**8500 MERRIMOR BLVD  
SEMINOLE, FL 33777 US**

Mailing Address  
**8500 MERRIMOR BLVD  
SEMINOLE, FL 33777 US**

400J0610



2. Principal Place of Business  
**1536 BONITA BLUFF CT**  
Suite, Apt. #, etc.

3. Mailing Address  
**1536 BONITA BLUFF CT**  
Suite, Apt. #, etc.

06052006 Chg-P CR2E034 (11/05)

City & State  
**RUSKIN, FL**  
Zip  
**33570-3214**

Country

City & State  
**RUSKIN, FL**  
Zip  
**33570-3214**

Country

4. FEI Number  
**95-2239003**

Applied For  
Not Applicable

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

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

**RIORDAN, JON H  
8500 MERRIMOR BLVD  
SEMINOLE, FL 33777**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

**1536 BONITA BLUFF CT**

City  
**RUSKIN**

FL

Zip Code  
**33570-3214**

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  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**P  
RIORDAN, JON H  
8500 MERRIMOR BLVD  
SEMINOLE, FL 33777** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**SEC  
RIORDAN, LINDA L  
8500 MERRIMOR BLVD  
SEMINOLE, FL 33777** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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TITLE  
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STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**1536 BONITA BLUFF CT  
RUSKIN, FL 33570-3214** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**1536 BONITA BLUFF CT  
RUSKIN, FL 33570-3214** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JON H. RIORDAN**

**6/10/06**

Date

**727 8043222**

Daytime Phone #