


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 31, 2006 8:00 am**  
**Secretary of State**

07-31-2006 90004 037 \*\*\*150.00

<b>DOCUMENT # P05000111701</b>		
1. Entity Name RTILLERY, INC		

Principal Place of Business <del>2290 LUCIEN WAY</del> <b>6153 RALEIGH ST.</b> <del>STE 200</del> <b>#1331</b> <del>MAITLAND, FL 32751</del> <b>ORLANDO, FL. 32835</b>	Mailing Address <del>2290 LUCIEN WAY</del> <b>6153 RALEIGH ST.</b> <del>STE 200</del> <b>APT. 1331</b> <del>MAITLAND, FL 32751</del> <b>ORLANDO, FL 32835</b>
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50023464



2. Principal Place of Business <b>6153 RALEIGH ST.</b> Suite, Apt. #, etc. <b>#1331</b> City & State <b>ORLANDO, FL</b> Zip <b>32835</b> Country <b>USA</b>	3. Mailing Address <b>6153 RALEIGH ST.</b> Suite, Apt. #, etc. <b>#1331</b> City & State <b>ORLANDO, FL.</b> Zip <b>32835</b> Country <b>USA</b>
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07242006 Chg-P CR2E034 (11/05)

4. FEI Number <b>20-5288963</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>TILLERY, ROB</b> <del><b>2290 LUCIEN WAY</b></del> <b><b>6153 RALEIGH ST.</b></b> <del><b>STE 200</b></del> <b><b>#1331</b></b> <del><b>MAITLAND, FL 32751</b></del> <b><b>ORLANDO, FL. 32835</b></b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, S TILLERY, ROB <del>2290 LUCIEN WAY STE 200</del> <b>6153 RALEIGH ST.</b> <del>MAITLAND, FL 32751</del> <b>#1331</b> <b>ORLANDO, FL. 32835</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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

7-26-06

Date

407-552-7828

Daytime Phone #