

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90447 044 ***150.00

DOCUMENT # P05000115199
 1. Entity Name
 A LOTTA R AND R INC



Principal Place of Business Mailing Address
 308 SE HWY 19 308 SE HWY 19
 CRYSTAL RIVER, FL 34429 CRYSTAL RIVER, FL 34429

50015017

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



04042006 Chg-P CR2E034 (11/05)

4. FFI Number Applied For
 20-3345215 Not Applicable

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

6. Name and Address of Current Registered Agent

RYFFEL, ROGER W
 6652 W TREE TOP LN
 HOMOSASSA, FL 34448

7. Name and Address of New Registered Agent

Sherry L. Weatherford Ryffel
 Street Address (P.O. Box Number is Not Acceptable)
 308 S.E. Hwy 19
 City FL Zip Code
 Crystal River 34429

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: *Sherry L. Weatherford Ryffel* 04/11/06 DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	RYFFEL, ROGER W	
STREET ADDRESS	6652 W TREE TOP LN	
CITY - ST - ZIP	HOMOSASSA, FL 34448	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEATHERFORD RYFFEL, SHERRY L	
STREET ADDRESS	6652 W TREE TOP LN	
CITY - ST - ZIP	HOMOSASSA, FL 34448	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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: *Sherry L. Weatherford Ryffel* 04/11/06 352-220-0107
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #