


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90017 008 ***150.00

DOCUMENT # P05000115199

1. Entity Name
A LOTTA R AND R INC



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

Mailing Address
308 SE HWY 19
CRYSTAL RIVER, FL 34429

40035969



2. Principal Place of Business - No P.O. Box #
9030 W. Fort Islands Tr

3. Mailing Address
9030 W Fort Islands Tr

Suite, Apt. #, etc.
BL10 D

03082007 Chg-P CR2E034 (12/06)

City & State
Crystal River FL

City & State
Crystal River FL

Zip Country
34429 Citrus

Zip Country
34429 Citrus

4. FEI Number
20-3345215

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

WEAHERFORD, SHERRY L
308 SE HWY 19
CRYSTAL RIVER, FL 34429

7. Name and Address of New Registered Agent

Name

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

City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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**

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6840 W. AVOCADO ST	
STREET ADDRESS	CRYSTAL RIVER FL 34429	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6840 W. AVOCADO ST	
STREET ADDRESS	CRYSTAL RIVER FL 34429	
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 Weatherford Ryffel - 3-14-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #