
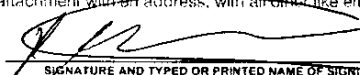


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2008 8:00 am
Secretary of State

05-16-2008 90017 033 ***150.00

DOCUMENT # P05000115199					
1. Entity Name A LOTTA R AND R INC					
Principal Place of Business 9030 W FORT ISLAND TR BL 10 D CRYSTAL RIVER, FL 34429			Mailing Address 9030 W FORT ISLAND TR BL 10 D CRYSTAL RIVER, FL 34429		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt #, etc			Suite, Apt #, etc		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WEAHERFORD, SHERRY L 308 SE HWY 19 CRYSTAL RIVER, FL 34429				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 _____ <small>Signature, based on printed name of registered agent, and title if applicable. (None. Registered Agent signature required when registering.)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RYFFEL, ROGER W		NAME		
STREET ADDRESS	6840 W AVOCADO ST		STREET ADDRESS		
CITY-ST-ZIP	CRYSTAL RIVER, FL 34429		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WEATHERFORD RYFFEL, SHERRY L		NAME		
STREET ADDRESS	6840 W AVOCADO STREET		STREET ADDRESS		
CITY-ST-ZIP	CRYSTAL RIVER, FL 34429		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 a name like empowered.					
SIGNATURE: 			5/13/08 352-212-2069		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Officer/Phone #		

ATTACHMENT

OLIVER & JOSEPH, P.A.
CERTIFIED PUBLIC
ACCOUNTANTS

40103068

May 7, 2008

Florida Department of State
Secretary of State
Division of Corporations
P. O. Box 8700
Tallahassee, Florida 32314

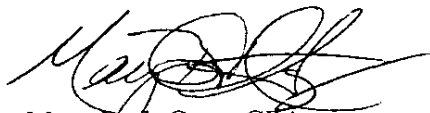
Subject: A Lotta R and R Inc
Document # P05000115199

There was a miscommunication between our office and our client, A Lotta R and R, Inc., concerning filing their Annual Report due on May 1, 2008. Consequently, the Annual Report was not filed on time.

We apologize for this error. Attached is the signed Annual Report along with a check in the amount of \$150.00.

We respectfully request the \$400 penalty be waived. We appreciate your consideration in this matter.

Sincerely,



Mary Beth Gary, CPA
Managing Director

MBG/dsr

Attachments