

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90332 023 ***150.00

DOCUMENT # P05000124975



1. Entity Name
 RICCI'S INC.

Principal Place of Business
 11556 YOUNG RD
 JACKSONVILLE, FL 32218
 SUITE 19
 10131 SAN JOSE BLVD
 JACKSONVILLE, FL 32257

Mailing Address
 3043 PADDOLE CREEK DR
 JACKSONVILLE, FL 32218
 JACKSONVILLE, FL 32223

CREEK DR
 JACKSONVILLE, FL
 32223
 50010504



2. Principal Place of Business
 10131 San Jose BLVD
 Suite, Apt. #, etc.
 Suite 19

3. Mailing Address
 3043 PADDOLE CR. DR.
 Suite, Apt. #, etc.
 BOX 11

01122006 Chg-P CR2E034 (11/05)

City & State
 Jacksonville, FL

City & State
 Jacksonville, FL

4. FEI Number
 203460300

Zip Country
 32257 DUVAL

Zip Country
 32223 DUVAL

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

6. Name and Address of Current Registered Agent
 INTREPID REDISTERED AGENT SERVICES, LLC
 ONE INDEPENDENT DR STE 1200
 JACKSONVILLE, FL 32202

7. Name and Address of New Registered Agent
 Name Linda Ricciardelli
 Street Address (P.O. Box Number is Not Acceptable)
 10131 San Jose Blvd #19
 Jacksonville,
 City Jacksonville, FL Zip Code 32257

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 Linda Ricciardelli DATE 3-28-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/OWNER LINDA RICCIARDELLI 10131 SAN JOSE #19 JACKSONVILLE, FL 32257	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: Linda Ricciardelli DATE 3-29-06 DAYTIME PHONE # 904-292-2545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LINDA RICCIARDELLI
 OWNER/PRESIDENT

ATTACHMENT

50010504
#P05000124975

* DO NOT SEND A CHECK WITH THE POSTCARD, IT WILL DELAY PROCESSING *

OPTION 3 - Receive a form by mail - Allow up to 28 days total processing time.

- Detach this postcard.
- Enter address to mail report to, if different from preprinted address.
- Affix postage on reverse side and mail.

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RICCI'S INC. - LINDA RICCIARDELLI
11556 YOUNG RD
JACKSONVILLE FL 32218-7505
10131 San Jose Blvd #19
JACKSONVILLE FL
32257

