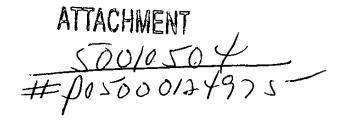
## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

## 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.	04-10-2006 90332 023 ***150.00	
JACKSONVILLE, FL 32218 JOSE BLUD MCKSONVILLE, FL 32218	JACKSON ULKSENTE FORENCE	•
2. Principal Place of Business 10/3/59/05/8 BLUD. 3043 FADI Suite, Apt. #, etc.  Suite, Apt. #, etc.	<u>Q.E. (.e., D.P.</u> 01122006 Chg-P CR2E034 (11/05)	
City & State City & State	4. EFI Number Applied Fo	
Jacksonuille - TESJackson	Separity   A   5. Certificate of Status Desired   \$8.75 Additional Fee Required	able
6. Name and Address of Current Registered Agent	7. Name and Address of New Registered, Agent	
INTREPID REDISTERED AGENT SERVICES, LLC ONE INDEPENDENT DR STE 1200	Street Address (R.O. Box Number is Not Acceptable)	
JACKSONVILLE, FL 32202	10/31 San ToseBlud + 11	-
	City FL ZipSqb 5 7	$\neg$
the obligations of Egistered agent.  SIGNATURE Served Rucciardelli	gistered office or registered agent, or both, in the State of Florida. I am familiar with, and acc  3 - 28 - 66  epictored Agent signature required when reinstating)  DATE	ept
FILE NOWIII FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Trust Fund Contrib	Financing \$5.00 May Be	
10. OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS OF THE DELETER OF THE D	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE	dition
NAME LINDA RICCTARDEUT STREET ADDRESS   0   3   SANJOSE # 19 CITY-ST-ZIP JACKSONULUE FL3DS7	NAME STREET ADDRESS CITY-ST-ZIP	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	IIILE Change Add  NAME  STREET ADDRESS  CITY-ST-ZIP	lition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	TITLE Change Add  NAME  STREET ADDRESS  CITY-ST-ZIP	lition
TITLE  NAME  STREET ADDRESS CITY-S1-ZIP	TITLE  NAME  STREET ADDRESS  CITY-51-ZIP	lilion
TITLE Delete  NAME  STREET ADDRESS  CITY-S1-ZIP	TITLE Change Add NAME STREET ADDRESS CITY-51-ZIP	lition
TITLE Delete  NAME  STREET ADDRESS  CITY-ST-ZIP	TITLE Change Add  NAME  STREET ADDRESS  CITY-ST-ZIP	fition
indicated on this report or supplemental report is true and accurate and that my	he exemptions contained in Chapter 119, Florida Statutes. I further certify that the informatic signature shall have the same legal effect as if made under oath; that I am an officer or direct required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 1  3 -29 - 06 904-292-059	tor 11 if

LINDA RICCIARDELLI OWNER/PRESIDENT



\* 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 <u>different</u> from preprinted address.
- Affix postage on reverse side and mail.

Document # P05000124975

RICCIS INC. - LINDA RICCIARDECT

11556 YOUNG RD

JACKSONVILLE FL 32218-7505

TO SE BLUD 19

TACK SON UILLE FL

32257



CR2E095 - 1st 10/05