

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P05000154466

1. Entity Name
RINGS AND THINGS, INC.



Principal Place of Business
104 CENTRAL AVENUE
JASPER, FL 32052

Mailing Address
104 CENTRAL AVENUE
JASPER, FL 32052

FILED

06 SEP 22 PM 4:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business
1150 US Highway 41

3. Mailing Address
1150 US Highway 41

Suite, Apt. #, etc.
Suite 6

Suite, Apt. #, etc.
Suite 6

07182006 Chg-P CR2E034 (11/05)

City & State
Jasper

City & State
Jasper

4. FEI Number
51-0557740

Applied For
Not Applicable

Zip
32052

Country

Zip
32052

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SQUIRES, JUDY H
104 CENTRAL AVENUE
JASPER, FL 32052

Name
Judy H. Squires

Street Address (P.O. Box Number is Not Acceptable)
1150 US Highway 41, Suite 6

City
Jasper

FL

Zip Code
32052

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P.D
SMITH, JOHN J
6287 N.W. 31ST CIRCLE
JENNINGS, FL 32053 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
800080314218
09/29/06--01071--006 **\$61.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP.D
SMITH, MILTON B
6287 N.W. 31ST CIRCLE
JENNINGS, FL 32053 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S.T
SQUIRES, JUDY H
711 S.E. CENTRAL AVENUE
JASPER, FL 32052 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

Judy H. Squires

Judy H. Squires, S/T/D

09/27/06

386-792-1528

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SEP 25 2006