

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P05000163030

1. Entity Name

R.A. RIEL, INCORPORATED



SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAY 26 AM 8:23

Principal Place of Business

6605 CORAL COVE DRIVE
ORLANDO FL 32818
US

Mailing Address

6605 CORAL COVE DRIVE
ORLANDO FL 32818
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

Applied For

Not Applicable

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

RIEL, RONALD A
6605 CORAL COVE DRIVE
ORLANDO FL 32818

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

Signature typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when constituting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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
RIEL, RONALD A
6605 CORAL COVE DRIVE
ORLANDO FL 32818 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
500076251685
06/16/06--01012--022 **\$150.00 ☐ 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

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 Section 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: RONALD A RIEL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUNE 2, 2006 407-521-9773

Date

Daytime Phone #

R.A. RIEL
d/b/a

R & R SPECIALTIES

6605 CORAL COVE DRIVE ORLANDO, FLORIDA 32818
PHONE: 407-521-9773 FAX: 407-521-9774

June 2, 2006

Ms. Gary Blankenbaker

Re your request

This letter is to advise that I did not receive the annual report notice until well after the May 1st deadline. Upon receipt of the notice I called your office to request the required form, which I received at the end of May, thus this letter and late form w/ check.

Thank you for your time and consideration.

Ronald A. Riel
R.R. Riel Inc.