

2007 FOR PROFIT CORPORATION ANNUAL REPORT

09-07-2007 90001 048 ***158.75

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # P05000163030					
1. Entity Name R.A. RIEL, INCORPORATED					
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 - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				4. FFI Number 61-1539768	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent RIEL, RONALD A 6605 CORAL COVE DRIVE ORLANDO, FL 32818			7. Name and Address of New Registered Agent 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 date if applicable (NOTE: Registered Agent signature required when certifying) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P RIEL, RONALD A 6605 CORAL COVE DRIVE ORLANDO, FL 32818 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition		
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-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: <u>Ronald A. Riel</u> RONALD A RIEL		Sept 5/2007 107-521-9773			