

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 31, 2006 8:00 am**  
**Secretary of State**

07-31-2006 90005 011 \*\*\*150.00

**DOCUMENT # P05000168392**

1. Entity Name  
**REUSCHLE FINANCIAL RESOURCES GROUP INC.**



Principal Place of Business  
**6817 SOUTHPOINT PKWY SUITE 1103  
JACKSONVILLE, FL 32216**

Mailing Address  
**6817 SOUTHPOINT PKWY SUITE 1103  
JACKSONVILLE, FL 32216**

**50023540**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07262006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

**20-4012503**

Applied For

Not Applicable

Zip

Country

Zip

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

**REUSCHLE, CHRISTOPHER H  
6817 SOUTHPOINT PKWY SUITE 1103  
JACKSONVILLE, FL 32216**

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

*Christopher H. Roschle*

**Christopher H. Roschle**

**7-24-06**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 6, 2006**

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 **D** ☐ Delete  
NAME **REUSCHLE, CHRISTOPHER H**  
STREET ADDRESS **6817 SOUTHPOINT PKWY SUITE 1103**  
CITY-ST-ZIP **JACKSONVILLE, FL 32216**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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TITLE ☐ Delete  
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NAME  
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CITY-ST-ZIP

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:

*Christopher H. Roschle*

**Christopher H. Roschle**

**7-24-06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

The Personal Advisors of  
**Ameriprise**  
Financial



**Christopher H. Reuschle**  
Senior Financial Advisor

**ATTACHMENT**

Ameriprise Financial Services, Inc.  
Suite 1103  
6817 Southpoint Parkway  
Jacksonville, FL 32216  
Bus: 904.421.0697 Ext. 32  
Direct: 904.421.7553  
Cell: 904.945.0922  
christopher.h.reuschle@ampf.com

Advanced Advisor Group

An Ameriprise associated franchise

7-24-06 5-0023540  
#P05000168392

To whom it may Concern.

I was under the impression that I did not have to file this report given how late this Entity was established last year (Dec 29th) and did not start operating until this year (Jan 1 2006). In addition, attached is the first noticed I received on this matter that came to my office a week ago. I am including the \$150 fee and asking you to waive the penalty under the circumstances stated above. Thank you for your help in this matter & please notify me if anything more is needed to settle this issue.