


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90032 003 ***150.00

DOCUMENT # P07000016117 1. Entity Name A & D RICE, INC.					
Principal Place of Business 2207 YELLOWTAIL DRIVE MARATHON, FL 33050			Mailing Address 2207 YELLOWTAIL DRIVE MARATHON, FL 33050		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address PO Box 500843			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State MARATHON FL			
Zip 33050	Country USA	4. FEI Number 20-8434562		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent RICE, JOHN DAVID 2207 YELLOWTAIL DRIVE MARATHON, FL 33050			7. Name and Address of New Registered Agent Name JOHN DAVID RICE Street Address (P.O. Box Number is Not Acceptable) 2207 YELLOWTAIL DR. City MARATHON FL 33050		
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 <u><i>John David Rice</i></u> STD		DATE 4-4-08			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD RICE, ALICIA 2207 YELLOWTAIL DRIVE MARATHON, FL 33050 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RICE, JOHN DAVID 2207 YELLOWTAIL DRIVE MARATHON, FL 33050 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JOHN DAVID RICE 2207 YELLOWTAIL DR. MARATHON, FL 33050 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.					
SIGNATURE: <u><i>John David Rice</i></u> STD		Date 4-4-08		Daytime Phone # 305-743-2895	