


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P18908
 1. Entity Name
 RILEY GEAR CORPORATION



Principal Place of Business Mailing Address
 ONE PRECISION DR ONE PRECISION DR
 ST AUGUSTINE, FL 32092 ST AUGUSTINE, FL 32092

DO NOT WRITE IN THIS SPACE



03292005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 16-1159619 Not Applicable

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

6. Name and Address of Current Registered Agent
 LOWRY, THOMAS H
 ONE PRECISION DR.
 SAINT AUGUSTINE, FL 32092

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000287951
 04/04/05-80088-022 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LOWRY, THOMAS ONE PRECISION DR ST AUGUSTINE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD OSBORNE, WILLIAM M. 11310 JUNIPER ROAD CLEVELAND, OH
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AST D'AGOSTINO, RALPH ONE PRECISION DR ST AUGUSTINE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ESAROVE, DONALD 1825 SUPERIOR BLDG. CLEVELAND, OH
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Ralph B. D'Agostino* Date: 4/1/05 Daytime Phone #: 904 829 5652
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR