

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P33463

Entity Name: RICCHETTI CERAMIC, INC.

FILED  
Feb 05, 2004  
Secretary of State

## Current Principal Place of Business:

404 S BABCOCK STREET  
SUITE 403  
MELBOURNE, FL 32901

## Current Mailing Address:

404 S BABCOCK STREET  
SUITE 403  
MELBOURNE, FL 32901

## New Principal Place of Business:

1901 S. HARBOR CITY BLVD  
SUITE 804  
MELBOURNE, FL 32901

## New Mailing Address:

1901 S. HARBOR CITY BLVD  
SUITE 804  
MELBOURNE, FL 32901

FEI Number: 22-3052943

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCHERMERMORN, GARY  
3125 W NEW HAVEN AVE  
SUITE 200  
WEST MELBOURNE, FL 32904 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPS ( ) Delete  
Name: JOHNSON, WILLIAM E  
Address: 404 S BABCOCK STREET  
City-St-Zip: MELBOURNE, FL

Title: D ( ) Delete  
Name: GANNASI, MASSIMO  
Address: 404 S BABCOCK STREET  
City-St-Zip: MELBOURNE, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change ( ) Addition  
Name: JOHNSON, WILLIAM E  
Address: 1901 S. HARBOR CITY BLVD., #804  
City-St-Zip: MELBOURNE, FL 32901 US

Title: D (X) Change ( ) Addition  
Name: GANNASI, MASSIMO  
Address: 1901 S. HARBOR CITY BLVD., #804  
City-St-Zip: MELBOURNE, FL

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM JOHNSON

DPS

02/05/2004

Electronic Signature of Signing Officer or Director

Date