

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 08, 2005 8:00 am**  
**Secretary of State**

02-08-2005 90008 023 \*\*\*150.00

**DOCUMENT # P93000015435**

1. Entity Name

**RICKETTS ENTERPRISES INTERNATIONAL INC.**



Principal Place of Business

**1051 FIFTH AVENUE NORTH  
NAPLES FL 33940**

Mailing Address

**1051 FIFTH AVENUE NORTH  
NAPLES FL 33940**

**40015128**



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**13-2622429**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**~~RICKETTS, GARFIELD~~ UNA RICKETTS  
1051 FIFTH AVENUE, NORTH  
NAPLES FL 33940**

7. Name and Address of New Registered Agent

Name **UNA RICKETTS**

Street Address (P.O. Box Number is Not Acceptable)  
**1051 - FIFTH AVE NORTH**

City **NAPLES**

FL

Zip Code **34102**

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

**Una Ricketts - President**

**1/31/05**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete  
NAME **RICKETTS, GARFIELD**  
STREET ADDRESS **1051 FIFTH AVENUE NORTH**  
CITY-STATE-ZIP **NAPLES FL**

TITLE **D** ☐ Delete  
NAME **RICKETTS, UNA**  
STREET ADDRESS **1051 FIFTH AVENUE NORTH**  
CITY-STATE-ZIP **NAPLES FL**

TITLE **D** ☐ Delete  
NAME **RICKETTS, KAREN N**  
STREET ADDRESS **21H HILLSIDE TERRACE**  
CITY-STATE-ZIP **WHITE PLAINS NY 10601**

TITLE **P** ☒ Delete  
NAME **RICKETTS, GARFIELD**  
STREET ADDRESS **1051 FIFTH AVENUE NORTH**  
CITY-STATE-ZIP **NAPLES FL**

TITLE **ST** ☐ Delete  
NAME **RICKETTS, UNA**  
STREET ADDRESS **1051 FIFTH AVENUE NORTH**  
CITY-STATE-ZIP **NAPLES FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DIRECTOR** ☐ Change ☒ Addition  
NAME **GARFIELD RICKETTS JR.**  
STREET ADDRESS **12400 Wilshire Blvd, Suite 370**  
CITY-STATE-ZIP **LOS ANGELES, CA. 90025**

TITLE **PRES.** ☒ Change ☐ Addition  
NAME **UNA RICKETTS**  
STREET ADDRESS **1051 - 5 AVE NORTH**  
CITY-STATE-ZIP **NAPLES, FL 34102**

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

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

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

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

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: Una Ricketts UNA RICKETTS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/1/05 239-261-3396**

Date

Daytime Phone #