

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90052 029 ***158.75

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1. Entity Name
RIDDELL & ASSOCIATES, INC.



Principal Place of Business
**3611 ST JOHNS BLUFF RD S
STE 1
JACKSONVILLE, FL 32224 US**

Mailing Address
**3611 ST JOHNS BLUFF RD S
STE 1
JACKSONVILLE, FL 32224 US**



03112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3184112	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FANCHER, DARRELL R
3611 ST. JOHNS BLUFF RD., #1
JACKSONVILLE, FL 32224**

**DO NOT WRITE
IN THIS SPACE**

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

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	RIDDELL, WILLIAM G JR
STREET ADDRESS	3611 ST. JOHNS BLUFF RD., #1
CITY-ST-ZIP	JACKSONVILLE, FL 32224

TITLE	VD
NAME	DELL, FREDERICK E
STREET ADDRESS	4644 SWILCAN BRIDGE LN S
CITY-ST-ZIP	JACKSONVILLE, FL 32224

TITLE	STD
NAME	FANCHER, DARRELL R
STREET ADDRESS	3611 ST JOHNS BLUFF RDS #1
CITY-ST-ZIP	JACKSONVILLE, FL 32224

TITLE	D
NAME	BRANT, BILL
STREET ADDRESS	50 N LAURA ST STE 2750
CITY-ST-ZIP	JACKSONVILLE, FL 32202

TITLE	D
NAME	HOLMES, LOCKWOOD
STREET ADDRESS	6550 ROOSEVELT BLVD
CITY-ST-ZIP	JACKSONVILLE, FL 32244

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Darrell R Fancher*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-05

Date

Daytime Phone #