

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000031806

1. Entity Name
RANNICK ENTERPRISES, INC.



FILED

04 MAR 18 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03112004 Chg-P CR2E034 (10/03)

Principal Place of Business
2321 RIVER REACH DR
NAPLES, FL 34104 US

Mailing Address
P. O. BOX 8086
NAPLES, FL 33941-8086

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

34101-8086

4. FEI Number
65-0410802

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHIMMENTI, DOMINICK
2321 RIVER REACH DR
NAPLES, FL 34104

Name

Street Address (P.O. Box Number is Not Acceptable)

800030964788

03/24/04--01015--006 **150.00

City

FL

Zip Code

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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
D
SCHIMMENTI, RANDOLPH
210 PALMETTO DUNE CIR.
NAPLES, FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VPSC
SCHIMMENTI, DOMINICK
2321 RIVER REACH DRIVE
NAPLES, FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
S
SCHIMMENTI, AUGUSTA
210 PALMETTO DUNE CIR.
NAPLES, FL ☐ Delete

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

TITLE
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CITY- ST- ZIP
— ☐ Delete

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☐ Change ☐ Addition

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 persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/15/04 239-73-4400