

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000086153

1. Entity Name
JOSEPH RILEY INC.



Principal Place of Business
3687 CARAMBOLA CIRCLE N.
COCONUT CREEK, FL 33066

Mailing Address
3687 CARAMBOLA CIRCLE N.
COCONUT CREEK, FL 33066

FILED
Apr 09, 2005 08:00 AM
Secretary of State



04052605 No Chg. P. 012E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FBI Number
65-0452378

Applied For
Not Applicable

6. Certificate of Status Desired ☐ \$5.75 Additional
Fee Required

C. Name and Address of Current Registered Agent

RILEY, JOSEPH F
3687 CARAMBOLA CIRCLE N.,
COCONUT CREEK, FL 33066

**DO NOT WRITE
IN THIS SPACE**

I, The above named entity submit 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 obligation of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when changing)

DATE

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

8. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	JOSEPH F RILEY
STREET ADDRESS	3687 CARAMBOLA CIR N.
CITY-ST-ZIP	COCONUT CREEK, FL 33066
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000296155
04/09/05-80055-021 150.00

**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(2)(b), Florida Statutes. I further certify that the information indicated on this report or annual 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 attached sheet with an address, with all other filers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-05

Don't write here