

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P95000058119

1. Entity Name
RIC-KEY, INC.



Principal Place of Business
**311 RACETRACK ROAD
FT. WALTON BEACH, FL 32548**

Mailing Address
**311 RACETRACK ROAD
FT. WALTON BEACH, FL 32548**

FILED
Mar 29, 2004 08:00 AM
Secretary of State



03252004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1927493

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PREUSS, RICHARD W
311 RACETRACK ROAD
FT. WALTON BEACH, FL 32548**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

| | |
|----------------|----------------------------|
| TITLE | D |
| NAME | PREUSS, RICHARD W |
| STREET ADDRESS | 311 RACETRACK ROAD |
| CITY-ST-ZIP | FT. WALTON BEACH, FL 32548 |
| TITLE | D |
| NAME | KEYES, RALPH E |
| STREET ADDRESS | 311 RACETRACK ROAD |
| CITY-ST-ZIP | FT. WALTON BEACH, FL 32548 |
| TITLE | D |
| NAME | KEYES, DONNA JO E |
| STREET ADDRESS | 311 RACETRACK ROAD |
| CITY-ST-ZIP | FT. WALTON BEACH, FL 32548 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

U00000098465
03/29/04-80041-015 150.00

**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(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

25 MAR 04 850-863-72