2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 19, 2005 8:00 am Secretary of State DOCUMENT # P96000027419 1. Entity Name 04-19-2005 90383 011 ***150.00 R & I CONSULTANTS, INC. Principal Place of Business Mailing Address 3381 MINNOW CREEK DRIVE 3381 MINNOW CREEK DRIVE SPRING HILL FL 34607 SPRING HILL FL 34607 2. Principal Place of Business 4984 CALLENTA 3. Mailing Address 4984 CALICATA 97. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For Çity & State City & State 4. FEI Number 59-3370602 HERNANDO BEACH, 71 HERMANDO BEACH Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RODDY HODRIGUEZ RODRIGUEZ, RODDY Street Address (P.O. Box Number is Not Acceptable) 3381 MINNOW CREEK DRIVE SPRING HILL FL 34607 8254 Apple ORCHARD 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) FILE NOW!!!> FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1; 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. **Change** Addition TITLE TITLE. ☐ Delete RODRIGUEZ, RÖDDY NAME NAME 8254 APPLE ORCHARD RA. STREET ADDRESS STREET ADDRESS 3381 MINNOW CREEK DR. SPRINGHILL, 71 34606 CITY-ST-ZIP SPRING HILL FL 34607 CITY-ST-ZIP TITLE Change Addition TITLE ☐ Delete NAME RODRIGUEZ, IRIS G NAME 8234 Apple Orchard RD STREET ADDRESS 3381 MINNOW CREEK DR. STREET ADDRESS SPRINGITILI, FL. 34606 CITY-ST-ZIP SPRING HILL FL 34607 CITY-ST-7IP ☐ Addition TITLE TITLE Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-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.

FILED