

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 19, 2006 8:00 am**  
**Secretary of State**

07-19-2006 90005 043 \*\*\*150.00

DOCUMENT # P96000032497

1. Entity Name  
THE HAROLD RIFFELL CO., INC.



Principal Place of Business

405 LABREE ROAD  
PENSACOLA, FL 32507

Mailing Address

405 LABREE ROAD  
PENSACOLA, FL 32507

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07142006

Chg-P

CR2E034 (11/05)

4. FEI Number

59-3374624

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

FORD, J S ESQ  
107 NORTH PALAFOX STREET  
PENSACOLA, FL 32501

7. Name and Address of New Registered Agent

Name

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

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**  
**Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	RIFFELL, HAROLD E	
STREET ADDRESS	405 LABREE RD	
CITY-ST-ZIP	PENSACOLA, FL 32507	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RIFFELL, HOLLACE	
STREET ADDRESS	405 LABREE RD	
CITY-ST-ZIP	PENSACOLA, FL 32507	
TITLE	S	<input type="checkbox"/> Delete
NAME	RIFFELL, ZACHARY D	
STREET ADDRESS	405 LABREE RD	
CITY-ST-ZIP	PENSACOLA, FL 32507	
TITLE	T	<input type="checkbox"/> Delete
NAME	RIFFELL, ZHEVANDA J	
STREET ADDRESS	405 LABREE RD	
CITY-ST-ZIP	PENSACOLA, FL 32507	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Harold E. Riffell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-14-06 (850) 572-1197