

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

21-cv 2498  
02-26-08

**FILED**

**Mar 03, 2008 08:00 A  
Secretary of State**

**DOCUMENT # P97000005919**

1. Entity Name

RICE CONSULTING, INC.



Principal Place of Business

1301 BROOKER ROAD  
BRANDON FL 33511

Mailing Address

1301 BROOKER ROAD  
BRANDON FL 33511



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3426845

Applied For

Not Applicable

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

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

RICE, SUE A  
1301 BROOKER ROAD  
BRANDON FL 33511

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 names of registered agent and of s. If applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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 ☐ Delete  
NAME RICE, THOMAS H SR.  
STREET ADDRESS 1301 BROOKER ROAD  
CITY-ST-ZIP BRANDON FL 33511

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS U000000844686  
CITY-ST-ZIP 03/13/08-80010-001 158.75

TITLE ☐ Delete  
NAME RICE, SUE A  
STREET ADDRESS 1301 BROOKER ROAD  
CITY-ST-ZIP BRANDON FL 33511

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 Section 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:

*Sue A. Rice* Sue A. Rice

02-26-08

(813)  
684-5269

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone #