

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000017312

FILED
May 05, 2009
Secretary of State

Entity Name: RICKEY'S REEL DIEHL OF NEW PORT RICHEY, INC.

Current Principal Place of Business:

2221 STOCKMAN ROAD
NEW PORT RICHEY, FL 34655

New Principal Place of Business:

Current Mailing Address:

2221 STOCKMAN ROAD
NEW PORT RICHEY, FL 34655

New Mailing Address:

FEI Number: 59-3494323

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHARP, GREGORY M
2221 STOCKMAN ROAD
NEW PORT RICHEY, FL 34655 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SHARP, GREGORY M
Address: 2221 STOCKMAN ROAD
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: TD () Delete
Name: SHARP, MARY V
Address: 2221 STOCKMAN ROAD
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: SVP () Delete
Name: KEGLEY, TOM
Address: 2221 STOCKMAN ROAD
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: VP () Delete
Name: SCHLONEGER, DONALD J
Address: 2221 STOCKMAN ROAD
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: TD () Delete
Name: GERSICK, JOSEPH
Address: 1719 ENGLEWOOD AVE.
City-St-Zip: TARPON SPRINGS, FL 34689

Title: OP () Delete
Name: BICKLE, ROBERT
Address: 1003 ROOSEVELT BLVD
City-St-Zip: TARPON SPRINGS, FL 34689

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREGORY SHARP

PD

05/05/2009

Electronic Signature of Signing Officer or Director

Date