

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000107567

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: REIKER ENTERPRISES OF NORTHWEST FLORIDA, INC.

**Current Principal Place of Business:**

% PASS & SEYMOUR  
50 BOYD AVENUE  
SYRACUSE, NY 13209 US

**New Principal Place of Business:**

**Current Mailing Address:**

% PASS & SEYMOUR  
50 BOYD AVENUE  
SYRACUSE, NY 13209 US

**New Mailing Address:**

FEI Number: 59-3559455      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GAMBINO, MICHAEL  
Address: 50 BOYD AVENUE  
City-St-Zip: SYRACUSE, NY 13209 US

Title: T ( ) Delete  
Name: LAPERRIERE, JAMES  
Address: 60 WOODLAWN ST  
City-St-Zip: WEST HARTFORD, CT 06110 US

Title: S ( ) Delete  
Name: CLARKE, JOHN  
Address: 50 BOYD AVE  
City-St-Zip: SYRACUSE, NY 13209

Title: V ( ) Delete  
Name: JULIAN, ROBERT  
Address: 60 WOODLAWN ST  
City-St-Zip: WEST HARTFORD, CT 06110 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P/D (X) Change ( ) Addition  
Name: GAMBINO, MICHAEL  
Address: 50 BOYD AVENUE  
City-St-Zip: SYRACUSE, NY 13209 US

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

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

Title: D (X) Change ( ) Addition  
Name: SELLDORFF, JOHN  
Address: 60 WOODLAWN ST  
City-St-Zip: WEST HARTFORD, CT 06110 US

Title: D ( ) Change (X) Addition  
Name: SOUDAN, PATRICE  
Address: 128 AV.DE-LATTRE-DE-TASSIGNY  
City-St-Zip: 87045 LIMOGES CEDEX, FR

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: JOHN CLARKE

S

04/30/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date