


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90033 011 ***150.00

DOCUMENT # 682887
 1. Entity Name
RICHARD INKS PLASTERING CORP.



Principal Place of Business
**4435 S.W. 35 TERRACE
 SUITE 480
 GAINESVILLE, FL 32608**

Mailing Address
**4435 S.W. 35 TERRACE
 SUITE 480
 GAINESVILLE, FL 32608**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

04152008 Chg-P CR2E034 (12/06)



6. Name and Address of Current Registered Agent
**INKS, RICHARD
 8522 SW 95TH PLACE
 GAINESVILLE, FL 32608**

7. Name and Address of New Registered Agent
 Name **Barbara Inks**
 Street Address (P.O. Box Number is Not Acceptable)
8522 SW. 95 PLACE
 City **Gainesville** FL Zip Code **32608**

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 Barbara Inks DATE 4/15/08
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 After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	INKS, BARBARA	
STREET ADDRESS	8522 SW 95 PLACE	
CITY-ST-ZIP	GAINESVILLE, FL 32608	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	INKS, RICHARD	
STREET ADDRESS	8522 SW 95TH PLACE	
CITY-ST-ZIP	GAINESVILLE, FL 32608	
TITLE	S	<input type="checkbox"/> Delete
NAME	INKS, SHERI	
STREET ADDRESS	11951 NE 101 TERRACE	
CITY-ST-ZIP	ARCHER, FL 32618	
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	President / Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INKS, BARBARA	
STREET ADDRESS	8522 SW 95 PLACE	
CITY-ST-ZIP	GAINESVILLE, FL 32608	
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: Sheri Inks **SHERI INKS** DATE 4/15/08 DAYTIME PHONE # 352-375-4614
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR