


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # F04000001183</b> 1. Entity Name <b>G.N. RICHARDSON &amp; ASSOCIATES, INC.</b>						<b>FILED</b> 06 APR 14 PM 3:54 CLERK OF THE COURT JUDICIAL CIRCUIT IN AND FOR THE SEVENTH JUDICIAL CIRCUIT PALM BEACH COUNTY, FLORIDA	
Principal Place of Business <b>14 N. BOYLAN AVENUE RALEIGH, NC 27603</b>		Mailing Address <b>14 N. BOYLAN AVENUE RALEIGH, NC 27603</b>					
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip                      Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip                      Country		04132006    Chg-P    CR2E034 (11/05)			
4. FEI Number <b>56-1734959</b>		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> JOHNSON, BRYAN R WASTE INDUSTRIES, INC. 8540 OLD KINGS ROAD NORTH JACKSONVILLE, FL 32203				<b>7. Name and Address of New Registered Agent</b> Name <b>Corporate Access, Inc.</b> Street Address (P.O. Box Number is Not Acceptable) <b>236 E. 6th Ave</b> City <b>Tallahassee</b> FL    Zip Code <b>32303</b>			
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 <u><i>Stacey A. Smith</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE <b>4/14/06</b>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>600072721846</b> 04/28/06--01030--015 **158.75			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>RICHARDSON, GREGORY N P.E.</b> <b>14 N. BOYLAN AVENUE</b> <b>RALEIGH, NC 27603</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Smith, Stacey A. PE</b> <b>14 N. Boylan Avenue</b> <b>Raleigh, NC 27603</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <b>SMYTH, JOAN A P.G.</b> <b>14 N. BOYLAN AVENUE</b> <b>RALEIGH, NC 27603</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice-President</b> <b>Gardner, John M. PE</b> <b>14 N. Boylan Avenue</b> <b>Raleigh, NC 27603</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <b>Smyth, Joan A. PG</b> <b>14 N. Boylan Avenue</b> <b>Raleigh, NC 27603</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <b>Revyak, Janet F.</b> <b>14 N. Boylan Avenue</b> <b>Raleigh, NC 27603</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Scheer, Pieter K. PE</b> <b>14 N. Boylan Avenue</b> <b>Raleigh, NC 27603</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Jim Poole</b> <b>2607 Glenwood Avenue</b> <b>Raleigh, NC 27622</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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 address, with all other like empowered.							
<b>SIGNATURE:</b> <u><i>Stacey A. Smith</i></u>		<b>Stacey A. Smith</b>		<b>4/13/06</b>	<b>919-828-0577</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>			