


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90049 019 ***150.00

DOCUMENT # F40184
 1. Entity Name
KENNETH D. RICHARDSON FERNERY, INC.



Principal Place of Business
6330 RICHFERN ROAD
P.O. BOX 121
DELAND FL 32721

Mailing Address
6330 RICHFERN ROAD
P.O. BOX 121
DELAND FL 32721

40011606



1st MOORE CR2E034 (10/04)

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

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

4. FEI Number **59-2099105** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
RICHARDSON, KENNETH D.
630 RICHFERN ROAD
DELAND FL 32720

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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

TITLE	VD	<input type="checkbox"/> Delete
NAME	SHERWOOD, MARIA	
STREET ADDRESS	1581 16TH STREET	
CITY-ST-ZIP	ORANGE CITY FL 32763	
TITLE	PD	<input type="checkbox"/> Delete
NAME	RICHARDSON, KENNETH	
STREET ADDRESS	630 RICHFERN ROAD	
CITY-ST-ZIP	DELAND, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	RICHARDSON, S. MARIA	
STREET ADDRESS	630 RICHFERN ROAD	
CITY-ST-ZIP	DELAND FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LINNIE, MONTEITH L	
STREET ADDRESS	1209 W ROANOKE AVE	
CITY-ST-ZIP	DELAND FL 32720	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RICHARDSON, KEVIN F	
STREET ADDRESS	630 RICHFERN RD	
CITY-ST-ZIP	DELAND FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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 exemption stated in Section 119.07(3)(i), 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: *Maria Richardson* Maria Richardson 1/24/2005 386-734-3748
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #