


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F40184</b> 1. Entity Name <b>KENNETH D. RICHARDSON FERNERY, INC.</b>	
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Principal Place of Business <b>6330 RICHFERN ROAD P.O. BOX 121 DELAND FL 32721</b>	Mailing Address <b>6330 RICHFERN ROAD P.O. BOX 121 DELAND FL 32721</b>
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2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip

1st MOORE CR2E034 (10/05)

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 <b>RICHARDSON, KENNETH D. 630 RICHFERN ROAD DELAND FL 32720</b>	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> Zip Code _____
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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, 2006 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 SHERWOOD, MARIA 1581 16TH STREET ORANGE CITY FL 32763
TITLE	PD <input type="checkbox"/> Delete RICHARDSON, KENNETH 630 RICHFERN ROAD DELAND, FL 00000
TITLE	D <input type="checkbox"/> Delete RICHARDSON, S. MARIA 630 RICHFERN ROAD DELAND FL
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *Maria Richardson* Maria richardson 1/20/2006 (386)734-4748

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #