


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 08:00 A
Secretary of State

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
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01032007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2099105	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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

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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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHERWOOD, MARIA 1581 16TH STREET ORANGE CITY, FL 32763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RICHARDSON, KENNETH 630 RICHFERN ROAD DELAND, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARDSON, S. MARIA 630 RICHFERN ROAD DELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: *Maria Richardson* Maria Richardson 1-16-2007 (386)734-3748
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #