

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90417 032 ***150.00

DOCUMENT # P03000085525

1. Entity Name
RICHPRO RECORDS, INC.



Principal Place of Business
717 E OAK ST
KISSIMMEE, FL 34744

Mailing Address
717 E OAK ST
KISSIMMEE, FL 34744



2. Principal Place of Business
9 Ryerson Dr.
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

04122004 Chg-P CR2E034 (10/03)

City & State
Savannah, GA
Zip
31419
Country
USA

City & State

4. FEI Number
20-0117417

Applicable For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SWART, HARRY J CPA
717 E OAK ST
KISSIMMEE, FL 34744

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

Signature of person filing this statement and agent of the corporation.

NOTE: Signature Agent Signature Required when changing

ORIC

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	Officer	☐ Delete
NAME	RICHARD, ALONZO M	
STREET ADDRESS	9 AUSTIN DR	
CITY-ST-ZIP	SAVANNAH, GA 31410	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P, S, T, D	☒ Change ☐ Addition
NAME		
STREET ADDRESS	9 Ryerson Drive	
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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)(f), Florida Statutes. I further certify that the information included 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:

Alonzo M. Richard
SIGNATURE MUST BE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04

Date

Signature Page 1