


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90041 031 ***150.00

| | | |
|---|----------------|---|
| DOCUMENT # P93000088010 | |  |
| 1. Entity Name RICHARDS REALTY, INC. | | |
| Principal Place of Business 8191 COLLEGE PARKWAY 205 FORT MYERS, FL 33919 US | | Mailing Address 8191 COLLEGE PARKWAY 205 FORT MYERS, FL 33919 US |
| 2. Principal Place of Business 1342 Colonial Boulevard Suite, Apt. #, etc. F-41B | | 3. Mailing Address 1342 Colonial Blvd. Suite, Apt. #, etc. F-41B |
| City & State Fort Myers, FL | | City & State Fort Myers, FL |
| Zip 33907 | Country USA | Zip 33907 |
| | | Country USA |

24041000



| | | |
|---|-------|--|
| 03252004 | Chg-P | CR2E034 (10/03) |
| 4. FEI Number 65-0460040 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |

| | | | |
|--|--|---|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| SMITH, WILLIAM R 8191 COLLEGE PARKWAY SUITE 304X 204 FORT MYERS, FL 33919 | | 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | | |
|---|--|-----------------------------|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|---|--|-----------------------------|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RICHARDS, RICHARD Q III 8191 COLLEGE PARKWAY 310 FORT MYERS, FL 33919 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D/P/T/S Richards, Richard Q., III 1342 Colonial Boulevard, F-41B Fort Myers, FL 33907 <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 | <input 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:  4/12/04 (239) 433-0053
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #