

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000047649 1. Entity Name RICKARD & HARRELL, P.A.	
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Principal Place of Business 3980 TAMPA RD STE 202 OLDSMAR, FL 34677	Mailing Address 3980 TAMPA RD STE 202 OLDSMAR, FL 34677
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DO NOT WRITE IN THIS SPACE



01042006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3449343	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RICKARD, JAMES I III
3980 TAMPA RD
STE 202
OLDSMAR, FL 34677

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00

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

1100000479097
04/08/06-80031-010 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RICKARD, JAMES I III 3980 TAMPA RD STE 202 OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RICKARD, DENISE A 3980 TAMPA RD STE 202 OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HARRELL, RICHARD F 3980 TAMPA ROAD SUITE 202 OLDSMAR, FL 34677
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 full power like empowered.

SIGNATURE: Denise A Rickard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

3/20/06