


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000071944
 1. Entity Name
 H.M. RICHARDS, INC.



Principal Place of Business Mailing Address
 11540 US HWY 92 EAST 11540 US HWY 92 EAST
 SEFFNER, FL 33584 SEFFNER, FL 33584 US

DO NOT WRITE IN THIS SPACE



03172005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 59-3464773 Not Applicable

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

6. Name and Address of Current Registered Agent

BEYER, DAVID A
 % PIPER MARBURY RUDNICK & WOLFE, LLP
 101 EAST KENNEDY BLVD., SUITE 2000
 TAMPA, FL 33602

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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, 2005 Fee will be \$550.00

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

1000000279901
 03/29/05-80018-010 150.00

10. OFFICERS AND DIRECTORS

TITLE	DV
NAME	STEIN, LEWIS
STREET ADDRESS	11540 US HWY 92 EAST
CITY - ST - ZIP	SEFFNER, FL 33584
TITLE	PD
NAME	SEAMAN, JEFFREY
STREET ADDRESS	400 PERIMETER CENTER TERRACE, SUITE 800
CITY - ST - ZIP	ATLANTA, GA 30346
TITLE	VST
NAME	FINKEL, JEFFREY
STREET ADDRESS	400 PERIMETER CENTER TERRACE, SUITE 800
CITY - ST - ZIP	ATLANTA, GA 30346
TITLE	V
NAME	KETTLE, MICHAEL J
STREET ADDRESS	400 PERIMETER CENTER TERRACE, SUITE 800
CITY - ST - ZIP	ATLANTA, GA 30346
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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 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 another like empowered.

SIGNATURE: Lewis Stein Vice President 3-22-05 813-643-5400

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