

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90011 030 ***150.00

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01062006 Chg-P CR2E034 (11/05)

DOCUMENT # P97000071944					
1. Entity Name H.M. RICHARDS, INC.					
Principal Place of Business 11540 US HWY 92 EAST SEFFNER, FL 33584			Mailing Address 11540 US HWY 92 EAST SEFFNER, FL 33584 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-3464773	
				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			7. Name and Address of New Registered Agent		
BEYER, DAVID A % PIPER MARBURY RUDNICK & WOLFE, LLP 101 EAST KENNEDY BLVD., SUITE 2000 TAMPA, FL 33602			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	DV	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEIN, LEWIS		NAME		
STREET ADDRESS	11540 US HWY 92 EAST		STREET ADDRESS		
CITY-ST-ZIP	SEFFNER, FL 33584		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEAMAN, JEFFREY		NAME		
STREET ADDRESS	400 PERIMETER CENTER TERRACE, SUITE 800		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 30346		CITY-ST-ZIP		
TITLE	VST	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINKEL, JEFFREY		NAME		
STREET ADDRESS	400 PERIMETER CENTER TERRACE, SUITE 800		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 30346		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KETTLE, MICHAEL J		NAME		
STREET ADDRESS	400 PERIMETER CENTER TERRACE, SUITE 800		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 30346		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	?	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	WILLIAM QUIRK	
STREET ADDRESS			STREET ADDRESS	414 ROAD 2790	
CITY-ST-ZIP			CITY-ST-ZIP	GUNTOWN, MS 38849	
TITLE		<input type="checkbox"/> Delete	TITLE	VIT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	JOEY TORRENT	
STREET ADDRESS			STREET ADDRESS	414 ROAD 2790	
CITY-ST-ZIP			CITY-ST-ZIP	GUNTOWN, MS 38849	
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:		LEWIS STEIN, DIRECTOR		2-8-6	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # 813-623-5400	

ATTACHMENT
10014745
#P97000071944

ATTACHMENT TO 2006 FOR PROFIT CORPORATION ANNUAL REPORT

SECTION 10: OFFICERS AND DIRECTORS

TITLE: V/T
NAME: THOMAS WELLS
STREET ADDRESS: 414 ROAD 2790
CITY - ST- ZIP: GUNTOWN, MS 38849