


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 23, 2007 8:00 am**  
**Secretary of State**

02-23-2007 90033 009 \*\*\*150.00

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<b>DOCUMENT # P97000071944</b>					
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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3464773	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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			7. Name and Address of New Registered Agent		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		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	D <input type="checkbox"/> Delete	TITLE	<input 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	D <input type="checkbox"/> Delete	TITLE	<input 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	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	QUIRK, WILLIAM	NAME			
STREET ADDRESS	414 RD 2790	STREET ADDRESS			
CITY-ST-ZIP	GUNTOWN, MS 38849	CITY-ST-ZIP			
TITLE	VT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TORRENT, JOEY	NAME			
STREET ADDRESS	414 RD 2790	STREET ADDRESS			
CITY-ST-ZIP	GUNTOWN, MS 38849	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	V.T Thomas Wells		
STREET ADDRESS		STREET ADDRESS	414 RD 2790		
CITY-ST-ZIP		CITY-ST-ZIP	GUNTOWN, MS 38849		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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.					
<b>SIGNATURE:</b>		LEWIS STEIN-DIR		1/26/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	