2005 FOR PROFIT CORPORATION

Feb 28, 2005 08:00 AM **ANNUAL REPORT Secretary of State** DOCUMENT # P98000062755 1. Entity Name WILLIAM L. RICHEY, P.A. Mailing Address Principal Place of Business 5501 S.W. SUNSHINE FARMS WAY 5501 S.W. SUNSHINE FARMS WAY PALM CITY, FL 34990 PALM CITY, FL 34990 02242005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0850048 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RICHEY, WILLIAM L DO NOT WRITE 5501 S.W. SUNSHINE FARMS WAY PALM CITY, FL 34990 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE RICHEY, WILLIAM L 5501 S.W. SUNSHINE FARMS WAY STREET ADDRESS California Shifte PALM CITY, FL 34990 CITY-ST-ZIP rijeki de sika Pilidi. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY ST-ZIP

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. changed, or on an attachment with an

SIGNATURE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

> GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR BECTOR

FILED