


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90206 041 ***150.00

DOCUMENT # H75172

1. Entity Name
RICHLAND DEVELOPMENT CORPORATION



34070400

Principal Place of Business Mailing Address
8217 STEEPLCHASE DRIVE **4500 PGA BLVD., SUITE 207**
PALM BEACH GARDENS, FL 33418 US **PALM BEACH GARDENS, FL 33418**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

03312004 Chg-P CR2E034 (10/03)

City & State City & State

4. FEI Number Applied For
59-2609754 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

BRANDT, PHILLIP L
4500 PGA BLVD., SUITE 207
PALM BEACH GARDENS, FL 33418

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SIMPSON, R. MASON	
STREET ADDRESS	1736 OCEAN DRIVE	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	VPST	<input checked="" type="checkbox"/> Delete
NAME	GALUI, GENE	
STREET ADDRESS	8217 STEEPLCHASE ROAD	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	
TITLE	D	<input type="checkbox"/> Delete
NAME	GALUI, GENE	
STREET ADDRESS	8217 STEEPLCHASE ROAD	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DVST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Judith M. Galui	
STREET ADDRESS	8217 Steeplechase Dr.	
CITY-ST-ZIP	Palm Beach Gardens, FL 33418	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Galui, Gene	
STREET ADDRESS	8217 Steeplechase Dr.	
CITY-ST-ZIP	Palm Beach Gardens, FL 33418	
TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Diane L. Stephanos	
STREET ADDRESS	19542 Harbor Road	
CITY-ST-ZIP	Tequesta, FL 33469	
TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cathy A. Floyd	
STREET ADDRESS	19474 Harbor Road South	
CITY-ST-ZIP	Tequesta, FL 33469	
TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Guy M. DiVosta	
STREET ADDRESS	2523 Burns Road	
CITY-ST-ZIP	Palm Beach Gardens, FL 33410	

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.

SIGNATURE: Gene Galui Gene Galui 4/2/04 561/691-9050

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

Gene