


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90352 045 ***150.00

| | | |
|---|--|---|
| DOCUMENT # 231656 | |  |
| 1. Entity Name RICHARDSON BROTHERS INC | | |

| | |
|---|--|
| Principal Place of Business 22715 N.W. 60TH AVE. EVINSTON FLA, 32633 US | Mailing Address P.O. DRAWER 42 EVINSTON, FL 32633 US |
|---|--|

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

04192006 Chg-P CR2E034 (11/05)

| | |
|-----------------------------|--|
| 4. FEI Number 59-6070137 | Applied For <input type="checkbox"/> Not Applicable |
|-----------------------------|--|

| | |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

| | |
|---|--|
| 6. Name and Address of Current Registered Agent | |
| RICHARDSON, JOE Y. 1208 N.W. 6TH STREET SUITE B GAINESVILLE, FL 32601-2218 | |

| | |
|--|----------|
| 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, 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 | |
|----------------------------|-------------------------------------|
| TITLE | STD <input type="checkbox"/> Delete |
| NAME | RICHARDSON, JOE Y. |
| STREET ADDRESS | 2207 NW 25TH STREET |
| CITY - ST - ZIP | GAINESVILLE, FL 326053855 |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | SANBORN, ESTHER R |
| STREET ADDRESS | 6484 OLD BAGDAD HIGHWAY |
| CITY - ST - ZIP | MILTON, FL 325838990 |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | SANBORN, JACK |
| STREET ADDRESS | 6484 OLD BAGDAD HIGHWAY |
| CITY - ST - ZIP | MILTON, FL 325838990 |
| TITLE | DP <input type="checkbox"/> Delete |
| NAME | RICHARDSON, KAY M |
| STREET ADDRESS | 22515 NW 60TH AVE(PO BOX 3640 |
| CITY - ST - ZIP | EVINSTON, FL 32633 |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | RICHARDSON, LESLIE B |
| STREET ADDRESS | 8510 SE 185 AVE (PO BOX 1) |
| CITY - ST - ZIP | EVINSTON, FL 326330001 |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | RICHARDSON, BETTY B |
| STREET ADDRESS | 7121 SW 80TH TERRACE |
| CITY - ST - ZIP | GAINESVILLE, FL 32608 |

| 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | (PO BOX 364) |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DVP |
| STREET ADDRESS | |
| 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.

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|--|-------------------|---------|-----------------|
| SIGNATURE: <u>Joe Y. Richardson, Secretary</u> | JOE Y. RICHARDSON | 4-19-06 | 352.376.4434 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | Daytime Phone # |