

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2007 08:00 AM
Secretary of State

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**



04232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-6070137

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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**

**DO NOT WRITE
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)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
RICHARDSON, JOE Y.
2207 NW 25TH STREET
GAINESVILLE, FL 326053855**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SANBORN, ESTHER R
6484 OLD BAGDAD HIGHWAY
MILTON, FL 325838990**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SANBORN, JACK
6484 OLD BAGDAD HIGHWAY
MILTON, FL 325838990**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
RICHARDSON, KAY M
22515 NW 60TH AVE PO BOX 364
EVINSTON, FL 32633**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RICHARDSON, LESLIE B
8510 SE 185 AVE (PO BOX 1)
EVINSTON, FL 326330001**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVP
RICHARDSON, BETTY B
7121 SW 80TH TERRACE
GAINESVILLE, FL 32608**

U000000734183
05/09/07-80117-010 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Joe Y. Richardson

JOE Y. RICHARDSON, SEC-MEAS 4.23.07 352-376-4434

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #