

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 31, 2008 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**



03272008 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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	STD
NAME	RICHARDSON, JOE Y.
STREET ADDRESS	2207 NW 25TH STREET
CITY-ST-ZIP	GAINESVILLE, FL 326053855
TITLE	D
NAME	SANBORN, ESTHER R
STREET ADDRESS	6484 OLD BAGDAD HIGHWAY
CITY-ST-ZIP	MILTON, FL 325838990
TITLE	D
NAME	SANBORN, JACK
STREET ADDRESS	6484 OLD BAGDAD HIGHWAY
CITY-ST-ZIP	MILTON, FL 325838990
TITLE	DP
NAME	RICHARDSON, KAY M
STREET ADDRESS	22515 NW 60TH AVE PO BOX 364
CITY-ST-ZIP	EVINSTON, FL 32633
TITLE	D
NAME	RICHARDSON, LESLIE B
STREET ADDRESS	8510 SE 185 AVE (PO BOX 1)
CITY-ST-ZIP	EVINSTON, FL 326330001
TITLE	DVP
NAME	RICHARDSON, BETTY B
STREET ADDRESS	7121 SW 80TH TERRACE
CITY-ST-ZIP	GAINESVILLE, FL 32608

000000874022  
04/10/08-80101-022 150.00

**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. TREAS.** **3.27.08** **352-376-4434**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #