2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 231656

Entity Name: RICHARDSON BROTHERS INC

FILED Apr 13, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 22715 N.W. 60TH AVE. 22715 N.W. 60TH AVE. EVINSTON FLA, 32633 US EVINSTON, FL 32633 US **Current Mailing Address: New Mailing Address:** P.O. DRAWER 42 EVINSTON, FL 32633 US FEI Number: 59-6070137 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RICHARDSON, JOE Y. 1208 N.W. 6TH STREET SUITE B GAINESVILLE, FL 326012218 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition RICHARDSON, JOE Y. Name: Name: 2207 NW 25TH STREET Address: Address: City-St-Zip: GAINESVILLE, FL 326053855 City-St-Zip: Title: Title: () Delete () Change () Addition Name: SANBORN, ESTHER R Name: 6484 OLD BAGDAD HIGHWAY Address: Address: MILTON, FL 325838990 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition SANBORN, JACK Name: Name: 6484 OLD BAGDAD HIGHWAY Address: Address: City-St-Zip: MILTON, FL 325838990 City-St-Zip: Title: DP () Delete Title: () Change () Addition RICHARDSON, KAY M Name: Name: Address: 22515 NW 60TH AVE PO BOX 364 Address: City-St-Zip: EVINSTON, FL 32633 City-St-Zip: Title: Title: () Delete () Change () Addition RICHARDSON, LESLIE B Name: Name: 8510 SE 185 AVE (PO BOX 1) Address: Address: City-St-Zip: EVINSTON, FL 326330001 City-St-Zip: Title: () Delete Title: () Change () Addition RICHARDSON, BETTY B Name: Name: Address: 7121 SW 80TH TERRACE Address: City-St-Zip: City-St-Zip: GAINESVILLE, FL 32608

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOE Y. RICHARDSON STD 04/13/2009