


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # 389478
 1. Entity Name
RICHLANDER PROPERTIES, INC.



Principal Place of Business
 P.O. BOX 1530
 LARGO FL 33779-1530
 US

Mailing Address
 P.O. BOX 1530
 LARGO FL 33779
 US



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent
GOTTSCHAMER, NANCY M.
13300 INDIAN ROCKS ROAD, #1403
LARGO FL 33774

4. FEI Number **59-1380355**
 Applied For
 Not Applicable

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

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
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May 7
 Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	STD <input type="checkbox"/> Delete
NAME	GOTTSCHAMER, NANCY M.
STREET ADDRESS	13300 INDIAN ROCKS ROAD #1403
CITY-ST-ZIP	LARGO FL
TITLE	PD <input type="checkbox"/> Delete
NAME	GOTTSCHAMER, WILLIAM J
STREET ADDRESS	13300 INDIAN ROCKS ROAD, #1403
CITY-ST-ZIP	LARGO FL 33774
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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"/> Add
NAME	
STREET ADDRESS	U00000520239
CITY-ST-ZIP	05/02/06-80085-021 150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  DATE: **4/18/06** Daytime Phone #: **727/5607**