


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2004 8:00 am
Secretary of State

04-06-2004 90021 032 ***150.00

DOCUMENT # 696877	
1. Entity Name RICHLIN, INC.	

Principal Place of Business 2083 MONTELIAR BONITA SPRINGS FL 34134 US	Mailing Address 3090 LAYREL RIDGE CT. BONITA SPRINGS FL 34134 US
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2. Principal Place of Business 3090 LAUREL RIDGE CT.	3. Mailing Address 3090 LAUREL RIDGE CT.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State BONITA SPRINGS	City & State BONITA SPRINGS
Zip 34134	Zip 34134
Country LEE	Country LEE

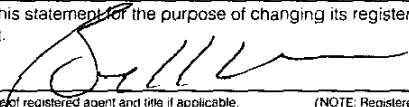
4. FEI Number 59-2120017	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PRESS, MARTIN R STE 2000, 1 FINANCIAL PLAZA FT LAUDERDALE FL 33394	
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7. Name and Address of New Registered Agent Name: WEBBER, BARRY Street Address (P.O. Box Number is Not Acceptable) 4430 S.W. 64th AVE City DAVIE FL Zip Code 33314	
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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  DATE **1/29/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBERTSON, RICHARD 3090 LAUREL RIDGE CT. BONITA SPRINGS FL 34134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTSON, LINDA 3090 LAUREL RIDGE CT. BONITA SPRINGS FL 34134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **RICHARD ROBERTSON 3-30-04** **234 9497019**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #