


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # F10603
 1. Entity Name
RICHARDS, MCLAUGHLIN & COMPANY, INC.



Principal Place of Business Mailing Address
4440 PGA BLVD., STE 502 **4440 PGA BLVD., STE 502**
SUITE 502 **SUITE 502**
PALM BEACH GARDENS FL 33410 **PALM BEACH GARDENS FL 33410**
US **US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



MOORE CR2E034 (11/03)

4. FEI Number **59-2049482** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
SALTER, VANCE
1111 BRICKELL AVE.
SUITE 2500
MIAMI FL 33131

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 _____ DATE _____
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. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE SD	RICHARDS, KAREN M 5 ALSTON ROAD PALM BEACH GARDENS FL 33418	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		STREET ADDRESS	UB0000011807
STREET ADDRESS		CITY - ST - ZIP	01/23/04-80051-015 150.00
CITY - ST - ZIP			
TITLE PD	RICHARDS, JOHN E. 5 ALSTON ROAD PALM BEACH GARDENS FL 33418	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		STREET ADDRESS	
STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP			
TITLE RA	SALTER, VANCE 1111 BRICKELL AVE STE 2500 MIAMI FL 33131	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		STREET ADDRESS	
STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP			
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
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STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Karen M Richards Karen M Richards Date 1/20/04 Daytime Phone # 561-430-66