


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2008 8:00 am**  
**Secretary of State**

01-28-2008 90038 024 \*\*\*150.00

<b>DOCUMENT # F40184</b> 1. Entity Name <b>KENNETH D. RICHARDSON FERNERY, INC.</b>					
Principal Place of Business <b>6330 RICHFERN ROAD P.O. BOX 121 DELAND, FL 32721</b>			Mailing Address <b>6330 RICHFERN ROAD P.O. BOX 121 DELAND, FL 32721</b>		
2. Principal Place of Business - No P.O. Box # <b>630 Richfern Rd.</b>		3. Mailing Address <b>P.O. BOX 121</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>DeLand, Fl.</b>		City & State <b>DeLand, Fl.</b>		4. FEI Number <b>59-2099105</b>	
Zip <b>32720</b>		Country <b>Volusia</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>RICHARDSON, KENNETH D. 630 RICHFERN ROAD DELAND, FL 32720</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SHERWOOD, MARIA 1581 16TH STREET ORANGE CITY, FL 32763		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RICHARDSON, KENNETH 630 RICHFERN ROAD DELAND, FL <del>00000</del> 32720		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RICHARDSON, S. MARIA 630 RICHFERN ROAD DELAND, FL 32720		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	D RICHARDSON, KEVIN F. 630 Richfern Rd. DELAND, FL. 32720	
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	
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.					
<b>SIGNATURE:</b> <u>Maria Richardson</u> <u>Maria Richardson Sec.</u> <u>1/24/2008</u> <u>386-734-3748</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					