


2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # F66993		
1. Entity Name RICHCOR, INC.		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 MAY 14 AM 5:04

Principal Place of Business 433 E. ROMANA ST. PENSACOLA, FL 32502 US	Mailing Address 433 E. ROMANA ST. PENSACOLA, FL 32502 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

05112007 Chg-P CR2E034 (12/06)

4. FEI Number 59-2157298	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent RICHARDSON, RICHARD D. 3 COLLEY COVE DR. GULF BREEZE, FL 32561		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 _____

Amended AR is \$61.25	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	PST RICHARDSON, RICHARD D. 3 COLLEY COVE DR. GULF BREEZE, FL 32561 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Russell, Laura R 1122 Soundview Trail Gulf Breeze, FL 32561 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARDSON, RICHARD D. 3 COLLEY COVE DR. GULF BREEZE, FL 32561 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Richardson, Stephanie R 174 Estoria St. SE Atlanta, GA 30316 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RICHARDSON, KAREN G. 3 COLLEY COVE DR. GULF BREEZE, FL 32561 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500103610905 05/31/07--01033--006 **\$61.25 <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
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.

SIGNATURE: *Richardson* **5/11/07** **850 206 7845**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #