

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90353 048 ***150.00

DOCUMENT # F92000000755

1. Entity Name
RICHARD'S OF WAYCROSS, GEORGIA, INC.



Principal Place of Business
31 N. 2ND ST.
FERNANDINA BCH., FL 32034 US

Mailing Address
31 N. 2ND ST.
FERNANDINA BCH., FL 32034 US



04092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-1365699	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

POOLE, WESLEY R
303 CENTRE ST.
SUITE 200
FERNANDINA BEACH, FL 32034

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DCP
NAME	GERMANO, RICHARD R
STREET ADDRESS	31 N. 2ND ST.
CITY-ST-ZIP	FERNANDINA BEACH, FL
TITLE	T
NAME	GERMANO, RICHARD R
STREET ADDRESS	31 N. 2ND ST. FERNANDIA
CITY-ST-ZIP	FERNANDINA BEACH, FL
TITLE	V.P.
NAME	Maximilian T. Wohlfarth III
STREET ADDRESS	2744 Ocean Oaks Dr. N.
CITY-ST-ZIP	Fernandina Bch. FL. 32034
TITLE	CS
NAME	Christina Germano
STREET ADDRESS	1636 Ocean Forest
CITY-ST-ZIP	Fernandina Bch., FL. 32034
TITLE	T
NAME	Holly G. Wohlfarth
STREET ADDRESS	2744 Ocean Oaks Dr. N.
CITY-ST-ZIP	Fernandina Bch., FL. 32034
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Holly G. Wohlfarth Holly G. Wohlfarth (T) 4/30/04 904 261 4749