

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2007 08:00 AM
Secretary of State

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**



04052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-1365699

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP GERMANO, RICHARD R 31 N. 2ND ST. FERNANDINA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GERMANO, RICHARD D 539 MARY STREET WAYCROSS, GA 31502
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GERMANO, CHRISTINA 1636 OCEAN FOREST FERNANDINA BEACH, FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WOHLFARTH, HOLLY G 2744 OCEAN OAKS DR N FERNANDINA BEACH, FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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04/30/07-80031-001 150.00

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Holly G Wohlfarth 4/16/07 904 261 5735