2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# F95000000666

Entity Name: F. A. RICHARD & ASSOCIATES INC.

Current Principal Place of Business:

1801 CLINT MOORE RD
STE 106
BOCA RATON, FL 33487 US

New Principal Place of Business:

Current Mailing Address:

1625 WEST CAUSEWAY APPROACH
MANDEVILLE, LA 70471 US

New Mailing Address:

FEI Number: 72-0837383 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	TRES	( ) Delete
Name:	DUBUC, LOUIS R	
Address:	1625 WEST CAUSEWAY APPROACH	
City-St-Zip:	MANDEVILLE, LA 70471	
Title:	SD	( ) Delete
Name:	BELL, REED A	
Address:	1625 WEST CAUSEWAY APPROACH	
City-St-Zip:	MANDEVILLE, LA 70471	
Title:	VD	( ) Delete
Name:	CLARK, DANIEL J	
Address:	1625 WEST CAUSEWAY APPROACH	
City-St-Zip:	MANDEVILLE, LA 70471	
Title:	VP	( ) Delete
Name:	DAVIS, CAMILLA Q VP	
Address:	1625 WEST CAUSEWAY APPROACH	
City-St-Zip:	MANDEVILLE, LA 70471	
Title:	VD	( ) Delete
Name:	STURGIS, DAVID R	
Address:	400 E. KALISTE SALOOM RD., STE. 4500	
City-St-Zip:	LAFAYETTE, LA 70508	
Title:	PD	( ) Delete
Name:	RICHARD, TODD M CEO	
Address:	1625 WEST CAUSEWAY APPROACH	
City-St-Zip:	MANDEVILLE, LA 70471	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAMILLA DAVIS VP 01/15/2009

Electronic Signature of Signing Officer or Director Date