

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2007 8:00 am
Secretary of State

07-23-2007 90035 034 ***550.00

DOCUMENT # F95000001255

1. Entity Name
GARY RICHARDS CO.



Principal Place of Business
**104 AMALFIE RD.
NOKOMIS, FL 34275**

Mailing Address
**P.O. BOX 909
NOKOMIS, FL 34274**

401400000



07182007 Chg-P CR2E034 (12/06)

4. FEI Number
37-1114905

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**RICHARDS, GARY PRES
104 AMALFIE RD
NOKOMIS, FL 34275**

7. Name and Address of New Registered Agent

Name **GARY RICHARDS**
Street Address (P.O. Box Number is Not Acceptable)
**997 TAMIA MI TRAIL N
UNIT C111
NOKOMIS, FL 34275**

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 reconstituting)

DATE

7/18/2007

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	RICHARDS, GARY PRES	
STREET ADDRESS	104 AMALFIE RD	
CITY-ST-ZIP	NOKOMIS, FL 34275	
TITLE	S	<input type="checkbox"/> Delete
NAME	RICHARDS, SUNG VP	
STREET ADDRESS	104 AMALFIE RD	
CITY-ST-ZIP	NOKOMIS, FL 34275	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	997 TAMIA MI TRAIL N-UNIT C111	
STREET ADDRESS	NOKOMIS, FL 34275	
CITY-ST-ZIP	NOKOMIS, FL 34275	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	997 TAMIA MI TRAIL N. UNIT C111	
STREET ADDRESS	NOKOMIS, FL 34275	
CITY-ST-ZIP	NOKOMIS, FL 34275	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 reports 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