

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # F95000003574					
1. Entity Name RICH & ASSOCIATES, INC.					
Principal Place of Business 21800 W 10 MILE RD, #209 SOUTHFIELD MI 48075			Mailing Address 21800 W 10 MILE RD, #209 SOUTHFIELD MI 48075		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 38-2008143	
5. Name and Address of Current Registered Agent LONDONO, JORGE 18860 N. DALE MABRY HIGHWAY LUTZ FL 33548				6. 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)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State 9. Election Campaign Financing \$5.00 May Trust Fund Contribution. ☐ Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PSTD	☐ Delete	TITLE		☐ Change ☐ Add
NAME	RICH, RICHARD C		NAME		
STREET ADDRESS	21800 W. 10 MILE RD., #209		STREET ADDRESS		
CITY-ST-ZIP	SOUTHFIELD MI 48075		CITY-ST-ZIP		
TITLE	VD	☐ Delete	TITLE		☐ Change ☐ Add
NAME	LONDONO, JORGE		NAME		
STREET ADDRESS	18860 N. DALE MABRY HIGHWAY		STREET ADDRESS		
CITY-ST-ZIP	LUTZ FL 33548		CITY-ST-ZIP		
TITLE	V/D	☐ Delete	TITLE		☐ Change ☐ Add
NAME	KINNEL, RICHARD W.		NAME		
STREET ADDRESS	21800 W. 10 MILE RD., #209		STREET ADDRESS		
CITY-ST-ZIP	SOUTHFIELD MI 48075		CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		



1st MOORE CR2E034 (10/05)

4. FEI Number **38-2008143** Applied For ☐ Not Applied ☐

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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Make Check Payable to Florida Department of State

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

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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 empowerment.

SIGNATURE: Richard W. Kinnell Richard W. Kinnell 1-26-06 246-353-808