

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 23, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # F95000004748

1. Entity Name  
 RICH-MAR SOUTHEAST CORPORATION



Principal Place of Business

15499 E. 590 RD.  
 INOLA, OK 74036

Mailing Address

PO BOX 879  
 INOLA, OK 74036



01072004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 73-0941465

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND RD.  
 PLANTATION, FL 33324

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	VP
NAME	RICHARDS, DAVID
STREET ADDRESS	RT 2 BOX 503
CITY-ST-ZIP	CHOUTEAU, OK 74337
TITLE	SDT
NAME	BRUCE, CHERY
STREET ADDRESS	31725 S. EARLENE AVE.
CITY-ST-ZIP	INOLA, OK 74036
TITLE	DP
NAME	COFFEE, KENNETH
STREET ADDRESS	134-C 18TH STREET
CITY-ST-ZIP	TULSA, OK 74119
TITLE	D
NAME	DORHOLT, GREG
STREET ADDRESS	9416 E 117TH STREET
CITY-ST-ZIP	BIXBY, OK 74008
TITLE	D
NAME	LITTLE, ANITA
STREET ADDRESS	270 C STREET NE
CITY-ST-ZIP	INOLA, OK 74036
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000011111  
 01/23/04-80025-006 150.00

**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: Chery Bruce Chery Bruce 1-16-04 918-543-2222  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #