


2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 01, 2008 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**

DO NOT WRITE IN THIS SPACE



01262008 No Chg-P CR2E034 (11/05)

4. FEI Number 73-0941465	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND RD.
 PLANTATION, FL 33324**

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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, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RICHARDS, DAVID RT 2 BOX 503 CHOUTEAU, OK 74337
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT BRUCE, CHERY 31725 S. EARLENE AVE. INOLA, OK 74036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP COFFEE, KENNETH 134-C 18TH STREET TULSA, OK 74119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/12/08-80002-005 150.00

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: *Chery Bruce* _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *1-28-08* _____ Daytime Phone #: *918-543-2222*