

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000004714

FILED
Apr 21, 2004
Secretary of State

Entity Name: RICHLAND MINERALS, INC.

Current Principal Place of Business:

4890 WEST KENNEDY BLVD
SUITE 920
TAMPA, FL 336091863

New Principal Place of Business:

Current Mailing Address:

4890 WEST KENNEDY BLVD
SUITE 920
TAMPA, FL 336091863

New Mailing Address:

FEI Number: 59-3388758 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

F&L CORP.
THE GREENLEAF BUILDING
200 LAURA STREET
JACKSONVILLE, FL 322023510 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: PD () Delete
Name: BRAY, JOHN
Address: 4890 W. KENNEDY BLVD, STE. 920
City-St-Zip: TAMPA, FL 336091863

Title: VPS () Delete
Name: BRAY, MATTHEW J
Address: 4890 W. KENNEDY BLVD, STE. 920
City-St-Zip: TAMPA, FL 336091863

Title: VT () Delete
Name: WEST, DALE A
Address: 4890 W. KENNEDY BLVD, STE. 920
City-St-Zip: TAMPA, FL 336091863

Title: V () Delete
Name: LAMAR, JAMES N
Address: 4890 W. KENNEDY BLVD, STE. 920
City-St-Zip: TAMPA, FL 336091863

Title: V () Delete
Name: SCHAFER, JOHN
Address: 3 IMPERIAL PROMENADE, STE 150
City-St-Zip: SANTA ANA, CA 92707

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BRAY, JOHN H
Address: 4890 W. KENNEDY BLVD, STE. 920
City-St-Zip: TAMPA, FL 336091863

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

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

Title: AVP (X) Change () Addition
Name: LEMONS, DAWN M
Address: 4890 W. KENNEDY BLVD, STE. 920
City-St-Zip: TAMPA, FL 336091863

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

Title: VP () Change (X) Addition
Name: FALLIERS, JOHN C
Address: 4100 NEWPORT PLACE SUITE 800
City-St-Zip: NEWPORT BEACH, CA 92660

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DAWN M LEMONS

AVP

04/21/2004

Electronic Signature of Signing Officer or Director

_____ Date