2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005
Secretary of State

DOCUMENT# G50680

Entity Name: RICHARD'S AUTOMOTIVE SERVICES, INC.

Current Principal Place of Business:

% RICHARD WILSON
1882 DUNN AVE.
JACKSONVILLE, FL 32218

New Principal Place of Business:

Current Mailing Address:

% RICHARD WILSON
1882 DUNN AVE.
JACKSONVILLE, FL 32218

New Mailing Address:

FEI Number: 59-2310109 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILSON, RICHARD
1882 DUNN AVE.
JACKSONVILLE, FL 32218 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: CSTD ( ) Delete
Name: WILSON, RICHARD,
Address: 1882 DUNN AVE.
City-St-Zip: JACKSONVILLE, FL 32218

Title: D ( ) Delete
Name: WILSON, RICHARD,
Address: 1882 DUNN AVE.
City-St-Zip: JACKSONVILLE, FL

Title: PD ( ) Delete
Name: WILSON, BRIAN
Address: 1882 DUNN AVE
City-St-Zip: JACKSONVILLE, FL 32218

Title: D ( ) Delete
Name: WHITECOTTEN, TIFFANY
Address: 1882 DUNN AVE
City-St-Zip: JACKSONVILLE, FL 32218

Title: D ( ) Delete
Name: WILSON, RYAN
Address: 1882 DUNN AVE
City-St-Zip: JACKSONVILLE, FL 32218

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: TIFFANY WHITECOTTEN D 01/12/2005
Electronic Signature of Signing Officer or Director — Date