


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # G91211
 1. Entity Name
RICHEY REALTY, INC.



Principal Place of Business Mailing Address
 % ALLAN G. SAFRANEK, JR.
 7000 US HIGHWAY 19
 NEW PORT RICHEY, FL 34652 % ALLAN G. SAFRANEK, JR.
 7000 US HIGHWAY 19
 NEW PORT RICHEY, FL 34652



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2390896** Applied For
 Not Applicable

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

8. Name and Address of Current Registered Agent

SAFRANEK, ALLAN G., JR.
 7000 U.S. HIGHWAY 19 NORTH
 NEW PORT RICHEY, FL 34652

DO NOT WRITE IN THIS SPACE

6. 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 remaining) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SAFRANEK, ALLAN G., JR.
STREET ADDRESS	6364 CONNIEWOOD SQ.
CITY-ST-ZIP	NEW PT. RICHEY, FL
TITLE	STD
NAME	SAFRANEK, ALLAN G III
STREET ADDRESS	7000 US 19
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000487749
 04/14/06-60007-013 150.00
DO NOT WRITE IN THIS SPACE

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: ALLAN G. SAFRANEK, JR 727 849 1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #