


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 08:00 AM
Secretary of State

DOCUMENT # G91211 1. Entity Name RICHEY REALTY, INC.	
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Principal Place of Business % ALLAN G. SAFRANEK, JR. 7000 US HIGHWAY 19 NEW PORT RICHEY, FL 34652	Mailing Address % ALLAN G. SAFRANEK, JR. 7000 US HIGHWAY 19 NEW PORT RICHEY, FL 34652
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DO NOT WRITE IN THIS SPACE



02132007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2390896	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

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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

000000682930
 04/05/07-80022-011 150.00

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

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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: Mary Safranek
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/07 727 849 1000
 Date Daytime Phone #