


FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90178 046 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # H21215			
1. Entity Name RICHENS AND SON, INC.			
Principal Place of Business RICHENS & SON INC 404 7TH ST N WIMAUMA, FL 33598 US		Mailing Address P.O. BOX 5127 SUN CITY CENTER, FL 33571	
DO NOT WRITE IN THIS SPACE			
		01292007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-2446522	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent RICHENS, RANDY R 105506 EGRET HAVEN LANE RIVERVIEW, FL 33569		DO NOT WRITE IN THIS SPACE	
9. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing - Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TS RICHENS, YVONNE P 10506 EGRET HAVEN LANE RIVERVIEW, FL 33569		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P RICHENS, RANDY R. 10506 EGRET HAVEN LANE RIVERVIEW, FL 33569		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP RICHENS, MABLE 404 7TH ST, BOX 275 WIMAUMA, FL 33598		
TITLE NAME STREET ADDRESS CITY- ST- ZIP			
TITLE NAME STREET ADDRESS CITY- ST- ZIP			
TITLE NAME STREET ADDRESS CITY- ST- ZIP			
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: <u>Randy R. Richens</u> Randy R. Richens 2-16-07 813-3820 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			