

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90387 045 \*\*\*150.00

<b>DOCUMENT # H33623</b> 1. Entity Name <b>F. RICHARDS &amp; SONS, INC.</b>					
Principal Place of Business <b>3010 SWANN AVENUE</b> <b>TAMPA, FL 33609</b>			Mailing Address <b>3010 SWANN AVENUE</b> <b>TAMPA, FL 33609</b>		
2. Principal Place of Business <b>2401 Bayshore Blvd.</b> Suite, Apt. #, etc. <b># 210</b>		3. Mailing Address  Suite, Apt. #, etc.  			
City & State <b>Tampa, Fla.</b>		City & State  		4. FEI Number <b>59-2471013</b>	
Zip <b>33629</b>		Country <b>Hillsborough</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>RICHARDS, JOHN</b> <b>2109 BAYSHORE BLVD.</b> <b>#904</b> <b>TAMPA, FL 33629</b>				7. Name and Address of New Registered Agent Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>RICHARDS, FERDINAND</b> <input checked="" type="checkbox"/> Delete <b>2401 BAYSHORE BLVD., #1211</b> <b>TAMPA, FL 33629</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Richards, Ferdinand</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2401 Bay Shore Blvd. # 210</b> <b>Tampa, Fla. 33629</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			4/26/06 813 875 5562		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		