

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90304 001 ****75.00
04-13-2007 90304 002 ****75.00

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02122007 Chg-P CR2E034 (12/06)

DOCUMENT # H98168 1. Entity Name RICHEY INDUSTRIALS, INC.			
Principal Place of Business 29656 US 19 NO STE 100 CLEARWATER, FL 33761 US		Mailing Address 29656 US 19 NO STE 100 CLEARWATER, FL 33761 US	
2. Principal Place of Business - No P.O. Box # 28059 US Hwy 19 N		3. Mailing Address 28059 US Hwy 19 N	
Suite, Apt. #, etc. Ste. 302		Suite, Apt. #, etc. Ste 302	
City & State Clearwater, FL		City & State Clearwater, FL	
Zip 33761		Zip 33761	
Country US		Country US	
4. FEI Number 59-2639452		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GENTILE, MICHAEL 29656 US HWY 19N SUITE 100 CLEARWATER, FL 33761		7. Name and Address of New Registered Agent Name Gentile, Michael Street Address (P.O. Box Number is Not Acceptable) 28059 US Hwy 19 N. Ste 302 City Clearwater FL Zip Code 33761	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MINIERI, CARL 29656 US 19 NO, STE 100 CLEARWATER, FL 33761	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MINIERI, CARL N 29656 US HWY 19 N CLEARWATER, FL 33761	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u><i>Michael Gentile</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>7-27-2007</u> Daytime Phone # <u>999-999-9999</u>	