


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 11, 2004 8:00 am
Secretary of State

03-11-2004 90018 038 ***150.00

| | |
|---|---|
| DOCUMENT # J13946 1. Entity Name RICHCO ENTERPRISES, INC. |  |
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|---|---|
| Principal Place of Business 1281 CYPRESS AVE MELBOURNE, FL 32935 US | Mailing Address 1281 CYPRESS AVE MELBOURNE, FL 32935 US |
|---|---|

DO NOT WRITE IN THIS SPACE



03072004 No Chg-P CR2E034 (10/03)

| | |
|---|---|
| 4. FEI Number 59-2910522 | 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

**LEVINE, RICHARD E.
1920 POINSETTA BLVD.
MELBOURNE, FL 32901**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| | |
|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 | PST LEVINE, RICHARD E. 1920 POINSETTA BLVD. MELBOURNE, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D LEVINE, RICHARD E. 1920 POINSETTA BLVD. MELBOURNE, FL |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/04 (321) 725-1712
Date Daytime Phone #