

## ANNUAL REPORT

DOCUMENT # J55765

1. Entity Name

LARRY C. RICH &amp; ASSOCIATES, INC.

Feb 14,  
Secre

Principal Place of Business

610 W. NINE MILE RD.  
PENSACOLA, FL 32534-1834

Mailing Address

3010 WILDE LAKE BLVD  
PENSACOLA, FL 32526 US

01142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

|                                                                                          |                               |
|------------------------------------------------------------------------------------------|-------------------------------|
| 4. FEI Number<br>59-2769119                                                              | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                               |

## 6. Name and Address of Current Registered Agent

RICH, LARRY C.  
3010 WILDE LAKE BLVD  
PENSACOLA, FL 32526DO 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. ☐\$5.00 May Be  
Added to Fees000000051433  
02/16/04-80051-014 150.00

## 10. OFFICERS AND DIRECTORS

|                |                      |
|----------------|----------------------|
| TITLE          | D                    |
| NAME           | RICH, LARRY C.       |
| STREET ADDRESS | 3010 WILDE LAKE BLVD |
| CITY-ST-ZIP    | PENSACOLA, FL 32526  |

|                |                      |
|----------------|----------------------|
| TITLE          | D                    |
| NAME           | RICH, BETTY K.       |
| STREET ADDRESS | 3010 WILDE LAKE BLVD |
| CITY-ST-ZIP    | PENSACOLA, FL 32526  |

|                |  |
|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

|                |  |
|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

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| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

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|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

DO NOT WRITE  
IN THIS SPACE

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

Date

Daytime Phone #