



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90009 031 ***150.00

DOCUMENT # L38787 1. Entity Name RICHMOND STREET VILLAS, INC.					
Principal Place of Business % MICHAEL P. BIST 1300 THOMASWOOD DRIVE TALLAHASSEE, FL 32312				Mailing Address % MICHAEL P. BIST 1300 THOMASWOOD DRIVE TALLAHASSEE, FL 32312	
2. Principal Place of Business P.O. Box 3925 Suite, Apt. #, etc. Tallahassee, FL City & State		3. Mailing Address P.O. Box 3925 Suite, Apt. #, etc. Tallahassee, FL City & State		04036758 	
Zip 32315		Country Leon		4. FEI Number 59-2993870	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BIST, MICHAEL P. 1300 THOMASWOOD DRIVE TALLAHASSEE, FL 32312				7. Name and Address of New Registered Agent Name Ricky N. Futch Street Address (P.O. Box Number is Not Acceptable) 685 Forest Lair Tallahassee, FL City FL Zip Code 32315	
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 Ricky N. Futch (NOTE: Registered Agent signature required when registering) DATE 4/17/04					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT FUTCH, C.N. <input type="checkbox"/> Delete 685 FOREST LAIR TALLAHASSEE, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete FUTCH, BETTY JEAN 685 FOREST LAIR TALLAHASSEE, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS <input type="checkbox"/> Delete FUTCH, RICKY N. PO BOX 3925 TALLAHASSEE, FL 32315		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete FUTCH, REBECCA K. PO BOX 3925 TALLAHASSEE, FL 32315		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	
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 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: Ricky N. Futch SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 4/17/04 Daytime Phone # 850 386-3558		