


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005 8:00 am
Secretary of State

01-12-2005 90004 016 ****70.00

DOCUMENT # N99000005541	
1. Entity Name RICHLEIGH, INC.	

Principal Place of Business 10595 150TH CT NORTH JUPITER, FL 33478	Mailing Address 10595 150TH CT NORTH JUPITER, FL 33478
--	--

50001749



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01052005 Chg-NP CR2E037 (10/03)

4. FEI Number 65-0959418	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SCHENDEL, DONNA 10595 150TH CT NORTH JUPITER, FL 33478		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHENDEL, DONNA	NAME	
STREET ADDRESS	10595 150TH COURT NORTH	STREET ADDRESS	
CITY-ST-ZIP	JUPITER, FL 33478	CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWELL, RICHARD L	NAME	DCT
STREET ADDRESS	10395 150TH CT NORTRH	STREET ADDRESS	
CITY-ST-ZIP	JUPITER, FL 33478	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, JEAN	NAME	
STREET ADDRESS	324 MARLBOROUGH PL	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33405	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINGER, LAWRENCE	NAME	
STREET ADDRESS	413 CYPRESS DR	STREET ADDRESS	
CITY-ST-ZIP	TEQUESTA, FL 33469	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BILLS, THOMAS	NAME	
STREET ADDRESS	10600 150TH COURT NORTH	STREET ADDRESS	
CITY-ST-ZIP	JUPITER, FL 33478	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, DARRIN	NAME	
STREET ADDRESS	4162 E HIGHLAND DR	STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GARDENS, FL 33418	CITY-ST-ZIP	

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 617, 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:

Richard L. Newell

RICHARD L. NEWELL

05 JAN '05

(561)

747-9472

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #