

# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2006 SEP -8 PM 12:51

AMENDED STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000042804

1. Entity Name  
RICHLINN CORP



Principal Place of Business  
1985 CANTERBURY CIRCLE  
WELLINGTON, FL 33414

Mailing Address  
P.O. BOX 210664  
ROYAL PALM BEACH, FL 33421

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09042006

Chg-P

CR2E034 (11/05)

4. FEI Number  
65-1000696

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

COSOLA, RICHARD  
1985 CANTERBURY CIRCLE  
WELLINGTON, FL 33414

7. Name and Address of New Registered Agent

Name COSOLA, DEBRA  
Street Address (P.O. Box Number is Not Acceptable)  
1985 Canterbury Circle  
Wellington  
City FL Zip Code 33414

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

9/6/06

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME COSOLA, RICHARD ☒ Delete  
STREET ADDRESS 1985 CANTERBURY CIRCLE  
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE VP  
NAME COSOLA, MICHAEL ☒ Delete  
STREET ADDRESS 1985 CANTERBURY CIRCLE  
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE S  
NAME COSOLA, DEBRA ☐ Delete  
STREET ADDRESS 1985 CANTERBURY CIRCLE  
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE T  
NAME COSOLA, RANDI ☒ Delete  
STREET ADDRESS 1985 CANTERBURY CIRCLE  
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P, S, T  
NAME COSOLA, DEBRA ☒ Change ☐ Addition  
STREET ADDRESS 1985 Canterbury Circle  
CITY-ST-ZIP Wellington, FL 33414

TITLE  
NAME 900079733259  
STREET ADDRESS 09/12/06--01068--008 \*\*\*61.25  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/6/06