


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 10, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000050552 1. Entity Name RICHARD LENARDSON, INC.	
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Principal Place of Business 286 NW 79TH AVE PLANTATION, FL 33324	Mailing Address 286 NW 79TH AVE PLANTATION, FL 33324
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03032004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1010105	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent NOFIL, JOSEPH K PA 3284 NORTH STATE ROAD 7 LAUDERDALE LAKES, FL 33319

**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 ☐ **\$5.00 May Be**
Trust Fund Contribution. **Added to Fees**

U00000162365

06/10/04-80001-010 \$50.00

10. OFFICERS AND DIRECTORS	
TITLE	PST
NAME	LENARDSON, RICHARD
STREET ADDRESS	286 NW 79TH AVE
CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	D
NAME	LENARDSON, REBECCA
STREET ADDRESS	286 NW 79TH AVE
CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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)(f), 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 fees empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-04 **954 401 9045**
Date Cayman Phone #