


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 25, 2007 8:00 am
Secretary of State

05-25-2007 90027 038 ***150.00

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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50001612



05222007 No Chg-P CR2E034 (11/05)

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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DO NOT WRITE IN THIS SPACE

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
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST LENARDSON, RICHARD 286 NW 79TH AVE PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LENARDSON, REBECCA 286 NW 79TH AVE PLANTATION, FL 33324
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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 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: *x Richard Lenardson* *President*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #