


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000017959 1. Entity Name RICKARD'S PAINTING, INC.	
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Principal Place of Business 7345 CLEVELAND DRIVE PUNTA GORDA, FL 33982	Mailing Address 7345 CLEVELAND DRIVE PUNTA GORDA, FL 33982
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03262004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1076563	Applied For <input type="checkbox"/> 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 RICKARD, CONRAD V 7345 CLEVELAND DRIVE PUNTA GORDA, FL 33982
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**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
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT RICHARD, CONRAD V 7345 CLEVELAND DRIVE PUNTA GORDA, FL 33982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RICHARD, CONRAD V III 12435 MARYLAND AVE PUNTA GORDA, FL 33955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RICHARD, JUDY 7345 CLEVELAND DRIVE PUNTA GORDA, FL 33982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/26/04-80132-024 150.00

**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)(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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/23/04** Daytime Phone # _____