


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 04, 2004 8:00 am**  
**Secretary of State**

08-04-2004 90016 012 \*\*\*150.00

**DOCUMENT # P01000036867**

1. Entity Name  
**RICHELL HOLDINGS, INC.**



Principal Place of Business  
**2107 SE 3RD AVENUE  
 OCALA, FL 34471  
 1699 SW 80th ST**

Mailing Address  
**2107 SE 3RD AVENUE  
 OCALA, FL 34471**

**54066760**



2. Principal Place of Business  
**1699 SW 80th ST**

3. Mailing Address  
**1699 SW 80th ST**

Suite, Apt. #, etc.

07282004 Chg-P CR2E034 (10/03)

City & State  
**Ocala, FL**

City & State  
**Ocala, FL 34471**

Zip  
**34476**

Country  
**USA**

Zip  
**34476**

Country

4. FEI Number  
**59-3733572**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**RICHELL, BRADLEY  
 2107 SE 3RD AVENUE  
 OCALA, FL 34471**

7. Name and Address of New Registered Agent  
 Name  
**Bradley Richell**

Street Address (P.O. Box Number is Not Acceptable)  
**1699 SW 80th ST**

City **Ocala** FL Zip Code **34476**

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 8, 2004**

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST RICHELL, BRADLEY 2107 SE 3RD AVE OCALA, FL 34471	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.S.T. BRADLEY, Richell 1699 SW 80th ST Ocala, FL 34476	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Bradley Richell **BRADLEY Richell** Date **8/2/04** Daytime Phone # **352-427-8293**  
*connected*