

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY 17 AM 9:02

05/03/04 60219 016 # 145.00



04192005 REIN-P CR2E098 (6/04)

DOCUMENT # P01000047209
1. Entity Name
STACY RICHARDS, INC



Principal Place of Business: 10352 CHEVRON COURT, NEW PORT RICHEY, FL 34654
Mailing Address: 10352 CHEVRON COURT, NEW PORT RICHEY, FL 34654

2. Principal Place of Business: 7790 75th Way, Suite, Apt. #, etc.
3. Mailing Address: 7790 75th Way, Suite, Apt. #, etc.

City & State: Pinellas Park, FL
Zip: 33781, Country: USA

4. FEI Number: 59-3715197
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
RICHARDS, STACY
10352 CHEVRON COURT
NEW PORT RICHEY, FL 34654

7. Name and Address of New Registered Agent
Name: _____
Street Address (P.O. Box Number is Not Acceptable): _____
City: _____ FL Zip Code: _____

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: Stacy Richards DATE: 4/19/05

FILE NOW!!! FEE IS \$300.00

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

10. OFFICERS AND DIRECTORS	
TITLE: P <input type="checkbox"/> Delete	RICHARDS, STACY
STREET ADDRESS: 10352 CHEVRON COURT	
CITY-ST-ZIP: NEW PORT RICHEY, FL 34654	
TITLE: <input type="checkbox"/> Delete	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Delete	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Delete	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Delete	
STREET ADDRESS:	
CITY-ST-ZIP:	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: RICHARDS, STACY	
STREET ADDRESS: 7790 75th Way	
CITY-ST-ZIP: Pinellas Park, FL 33781	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

REINSTATEMENT 04-05

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06/01/05--01017--007 **150.00

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: Stacy Richards DATE: 4/19/05 DAYTIME PHONE #: 727-514-2743