

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 10, 2004 8:00 am**  
**Secretary of State**

02-10-2004 90003 003 \*\*\*150.00

**DOCUMENT # P01000085118**

1. Entity Name

RICHARD'S CONSTRUCTION, INC.



Principal Place of Business

6317 SPANISH MAIN DR  
APOLLO BEACH FL 33572

Mailing Address

6317 SPANISH MAIN DR  
APOLLO BEACH FL 33572

2. Principal Place of Business

417 Island Cay Way

Suite, Apt. #, etc.

3. Mailing Address

417 Island Cay Way

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Apollo Beach, FL

Zip

33572

Country

Hillab.

City & State

Apollo Beach, FL

Zip

33572

Country

Hillab.

4. FEI Number

02-0537705

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RANDALL, RICHARD L  
6317 SPANISH MAIN DR  
APOLLO BEACH FL 33572

7. Name and Address of New Registered Agent

Name: Randall, Richard L.  
Street Address (P.O. Box Number is Not Acceptable): 417 Island Cay Way  
City: Apollo Beach FL Zip Code: 33572

8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Randall L. Richard*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-3-04

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	RANDALL, RICHARDS	
STREET ADDRESS	6317 SPANISH MAIN DR	
CITY-ST-ZIP	APOLLO BEACH FL 33572	
TITLE	V	<input type="checkbox"/> Delete
NAME	CAROLE, RICHARD A	
STREET ADDRESS	6317 SPANISH MAIN DR	
CITY-ST-ZIP	APOLLO BEACH FL 33572	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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	Randall, Richards	
STREET ADDRESS	417 Island Cay Way	
CITY-ST-ZIP	Apollo Beach, FL 33572	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAROLE, Richard A	
STREET ADDRESS	417 Island Cay Way	
CITY-ST-ZIP	Apollo Beach, FL 33572	
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		

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: *Randall L. Richard* RANDALL L. Richard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-04

Date

813-781-3873

Daytime Phone #