


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 12, 2005 8:00 am
Secretary of State

08-12-2005 90003 049 ***150.00

DOCUMENT # P01000098994 1. Entity Name BOB RICHEY GRAPHICS, INC.					
Principal Place of Business 1100 S. FEDERAL HWY. BOYNTON BEACH, FL 33435			Mailing Address 8507 TOURMALINE BLVD BOYNTON BEACH, FL 33437		
2. Principal Place of Business BOB RICHEY GRAPHICS, INC			3. Mailing Address 8507 TOURMALINE BLVD		
Suite, Apt. #, etc. 8507 TOURMALINE BLVD.			Suite, Apt. #, etc. BLVD.		
City & State BOYNTON BCH. FL			City & State FLORIDA		
Zip 33437			Zip 33437		
Country U.S.A.			Country U.S.A.		
4. FEI Number 65-1144913			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent RICHEY, ROBERT 1100 S. FEDERAL HWY. BOYNTON BEACH, FL 33435			7. Name and Address of New Registered Agent Name ROBERT RICHEY Street Address (P.O. Box Number is Not Acceptable) 8507 TOURMALINE BLVD. City BOYNTON BCH		
State FL			Zip Code 33437		
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: <u><i>Robert Richey</i></u> 8/3/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D RICHEY, ROBERT 1100 S. FEDERAL HWY. BOYNTON BEACH, FL 33435	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHEY, ROBERT 8507 TOURMALINE BLVD. BOYNTON BCH., FL 33437	<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: <u><i>Robert Richey</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>8/3/05</u> Daytime Phone <u>800-866-1234</u> ext. <u>2339</u>		

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