

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000091699

1. Entity Name
RICHARDS & MARTIN, INC.



Principal Place of Business
**1340 CHARLESTON SQUARE DRIVE
204
NAPLES, FL 34110 US**

Mailing Address
**1340 CHARLESTON SQUARE DRIVE
204
NAPLES, FL 34110 US**



03042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-3866101

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RICHARDS, CHARLES R
1340 CHARLESTON SQUARE DRIVE
204
NAPLES, FL 34110**

**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 *Vicki S Richards*

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

(NOTE: Registered Agent signature required when reinstating)

3/4/06

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|----------------|------------------------------------|
| TITLE | P |
| NAME | RICHARDS, CHARLES R |
| STREET ADDRESS | 1340 CHARLESTON SQUARE DRIVE # 204 |
| CITY-ST-ZIP | NAPLES, FL 34110 |
| TITLE | VP |
| NAME | MARTIN, STEVE |
| STREET ADDRESS | 1340 CHARLESTON SQUARE DRIVE # 204 |
| CITY-ST-ZIP | NAPLES, FL 34110 |
| TITLE | SECT |
| NAME | RICHARDS, VICKI S |
| STREET ADDRESS | 1340 CHARLESTON SQUARE DRIVE # 204 |
| CITY-ST-ZIP | NAPLES, FL 34110 |
| TITLE | TRES |
| NAME | RICHARDS, CHARLES R |
| STREET ADDRESS | 1340 CHARLESTON SQUARE DRIVE # 204 |
| CITY-ST-ZIP | NAPLES, FL 34110 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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03/20/06-80001-011 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Vicki S Richards*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/06

Date

(239) 250-8687

Daytime Phone #