2005 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT										
DOCUMENT # P03000051115						FILED				
1. Entity Nam RICH-FR		NC.				05 SEP 26 PM 2: 51				
Oringinal Olga	a of Busines		Banilla Address		000 WI 19	-	EC	RETARY OF S AHASSEE, FL	TATE	
Principal Place 2361 SUTTO)S	Mailing Address P.O. BOX 3931				1141.1.4	AHASSEE, FL	ORIDA	
SPRING HILL, FL 34608 SPRING HILL, FL 34611										
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			09152005	Chg-P	CR2E034 (10/03	3)	
City & State			City & State			4. FEI Numb 02-069		⊢	Applied For Not Applicable	
Zip	Zip Country		Zip Country		ntry	 	of Status Desired	□ \$8.75 A	Additional	
6. Name and Address of Current			Registered Agent			7. Name and Address of New Registered Agent				
DICH NA	NC	-		Name						
RICH, NANCY V 2361 SUTTON PLACE SPRING HILL, FL 34608					Street Address (P.O. Box Number is Not Acceptable)					
,										
					City			FL Zip Ci		
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										
		!! FEE IS \$150.00 tober 1, 2005	9. Election Camp Trust Fund Cor	+-	.00 May Be ded to Fees	in accordance v corporation did	vith s. 607.193(2)(b not receive the prio), F.S., the r notice.		
10.	1	OFFICERS AND		11.		ADDITIONS	CHANGES TO OFF	ICERS AND DIRECTO	RS IN 11	
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STREET ADDRESS CITY-ST-ZIP	DRESS 2361 SUTTON PLACE STR					09/2:	3/0501051	J48366 023 **Is	: 30, ტტ	
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STREET ADDRESS				STR	EET AODRESS					
CITY-ST-ZIP	Certify that th	ne information supplied wit	h this filing does not qualify fo		-ST-ZIP	ection 110 07/2\	i) Florida Statutas I	further easification at	n information	
indicated of the cor	on this fept poration or t	of or supplemental report in the receiver or trustee emp	s true and accurate and that lowered to execute this repor	my signa t as requ	ture shall have the	came lengt offer	t se if made under d	alb: that Lam an offic	or or disorter	
changed, or on an attachment with an address, with all other like embowered.										
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day I Day Day I Da										

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