2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered.

Mar 10, 2004 8:00 am DOCUMENT # P03000076328 **Secretary of State** 1. Entity Name 03-10-2004 90027 015 ***150.00 RICH'S OF YULEE, INC. Principal Place of Business Mailing Address 505 NORTH ORANGE PARK AVE. 505 NORTH ORANGE PARK AVE. GREEN COVE SPRINGS FL 32043 GREEN COVE SPRINGS FL 32043 2. Principal Place of Business 3. Mailing Address 463179 57200 463179 572 700 Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 134-3766 Not Applicable Country \$8.75 Additional $\overset{\text{my}}{\cup}$ ς A5. Certificate of Status Desired 32097 32097 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STEPHEN E. TILLEY, CPA Street Address (P.O. Box Number is Not Acceptable) 4465 BAYMEADOWS ROAD STE. 3 JACKSONVILLE FL 32217 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. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE Delete Change TITLE ☐ Addition TILLMAN, RONNIE NAME Ronaco tellman NAME STREET ADDRESS 505 NORTH ORANGE PARK AVE. STREET ADDRESS 3367 Russell Rd GREEN COVE SPRINGS FL 32043 CITY-ST-ZIP CITY-S1-7(P Green Core Springs FL 320+3 TITLE ☐ Delete TITLE Change ☐ Addition NAME TILLMAN, ELIZABETH GLIZABETH TIMMAN NAME STREET ADDRESS 505 NORTH ORANGE PARK AVE. STREET ADDRESS 3367 Russell Rd CITY-ST-7IP GREEN COVE SPRINGS FL 32043 CITY-ST-ZIP Green Cove Soningo Flo 32043 TITLE ☐ Detete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE [] Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7IP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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

FILED