2005 FOR PROFIT CORPORATION ANNUAL REPORT

7/1

FILED
Aug 08, 2005 8:00 am
Secretary of State
07-11-2005 90117 012 ***158.75

DOCUMENT # P03000105692

1. Entity Name
RICHARDS SOUTHWEST FLORIDA ENTERPRISES, INC.

Principal Place of Business	Mailing Address
175 DOW ROAD N.E. PORT CHARLOTTE, FL 33952	175 DOW ROAD N.E. PORT CHARLOTTE, FL 33952

06292005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
SAME		SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 02-0708108 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent.

RICHARDS, WILLIAM
175 DOW ROAD N.E.
PORT CHARLOTTE, FL 33952

7. Name and Address of New Registered Agent

Name: RICHARDS, WILLIAM
Street Address (P.O. Box Number is Not Acceptable): 175 DOW RD N.E.
City: PORT CHARLOTTE FL Zip Code: 33952

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: WILLIAM J. RICHARDS [signature] 6-30-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 RICHARDS, WILLIAM 175 DOW ROAD N.E. PORT CHARLOTTE, FL 33952	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition NO CHANGE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARDS, CATHERINE 175 DOW ROAD N.E. PORT CHARLOTTE, FL 33952	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition NO CHANGE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: WILLIAM J. RICHARDS [signature] 6-30-05 941-204-3802
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT REF# P03000105692

8-2-2005 66025563

FLORIDA DEPT OF STATE.

SUBJECT LATE FEE

I RECIEVED NOTICE my REPORT HAS NOT BEEN FILED. BECAUSE I OWE you A LATE FEE.. I NEVER RECIEVED NOTICE OR REQUEST FOR PAYMENT UNTIL JUNE OF 2005 I SENT IN the PAYMENT IMMEADIATLY. I DID NOT RECIVE Any BILL From you EARLIER. I WILL NOT BE PAYing the LATE FEE OF $400 IF you Regard This AS A LATE PAYMENT PLEASE Refund my 158.75 And I WILL DO BUSSINESS ELSWARE.

William J Richards

WILLIAM J. RICHARDS

PRESIDENT

RICHARDS SOUTHWEST FLORIDA EXT. INC.