

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 31, 2004 8:00 am**  
**Secretary of State**

03-31-2004 90009 005 \*\*\*158.75

**DOCUMENT # P03000114823**

1. Entity Name

**RICHARDSON PAINTING & WALLPAPER, INC.**



Principal Place of Business

17854-A LAKE CARLETON DRIVE  
LUTZ FL 33558

Mailing Address

17854-A LAKE CARLETON DRIVE  
LUTZ FL 33558

2. Principal Place of Business

17854-A LAKE CARLETON DRIVE 17854-A LAKE CARLETON DR

3. Mailing Address

17854-A LAKE CARLETON DR

Suite, Apt. #, etc.

A

Suite, Apt. #, etc.

A

City & State

LUTZ, FLORIDA

City & State

LUTZ, FL.

Zip

33558

Country

HILLSBORO

Zip

33558

Country

HILLSBORO

4. FEI Number

36-4540963

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

RICHARDSON, GARY P  
17854-A LAKE CARLETON DRIVE  
LUTZ FL 33558

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE GARY P. RICHARDSON

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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

3-28-04

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME RICHARDSON, GARY P  
STREET ADDRESS 17854-A LAKE CARLETON DRIVE  
CITY-ST-ZIP LUTZ FL 33558 ☐ Delete

TITLE VSTD  
NAME RICHARDSON, JUNE M  
STREET ADDRESS 17854-A LAKE CARLETON DRIVE  
CITY-ST-ZIP LUTZ FL 33558 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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: GARY P. RICHARDSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

3-28-04

Date

813-785-8113

Daytime Phone #