## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 30, 2005 08:00 AM Secretary of State DOCUMENT # P03000117353 1. Entity Name JAY RICHARDSON ENTERPRISES INC. Principal Place of Business Mailing Address 17912 BOSLEY DR. SPRING HILL FL 34610 17912 BOSLEY DR. SPRING HILL FL 34610 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 06-1712459 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RICHARDSON, JAY Street Address (P.O. Box Number is Not Acceptable) 17912 BOSLEY DR. SPRING HILL FL 34610 City 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 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. HILE D HILE Change Addition ☐ Delete NAME RICHARDSON, JAY NAME 000000280352 03/30/05-80016-018 150.00 STREET ADDRESS STREET ADDRESS 17912 BOSLEY DR. SPRING HILL FL 34610 CITY-ST-ZIP CITY-SE-ZIP ☐ Change mile ☐ Delete THE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S:-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY-ST-782 titer ☐ Change ☐ Addition Delete 101cF NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CiTY-ST-ZP THLE Delete HILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

JAY RICHARDSON 3-26-05 727-856-5863

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

**FILED**