FILED 2005 FOR PROFIT CORPORATION Jan 28, 2005 08:00 AM **ANNUAL REPORT Secretary of State** DOCUMENT # P03000122050 1. Entity Name FRANK H RICHTER, INC. Principal Place of Business ... Mailing Address 180 KEUKA RD. P 0 BOX 2074 INTERLACHEN, FL 32148 INTERLACHEN, FL 32148 01252005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0346081 Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent RICHTER, FRANK H DO NOT WRITE 180 KEUKA RD INTERLACHEN, FL 32148 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when leinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 U00000201295 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 01/28/05-80061-014 150.00 OFFICERS AND DIRECTORS 10. TITLE P.S. RICHTER, FRANK H NAME STREET ADDRESS 180 KEUKA RD CITY-ST-ZIP INTERLACHEN, FL 32148 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP TITLE IN THIS SPACE NAME STREET ADDRESS 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Frank A. Richter Frank H. Richten SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER O

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> Jan, 26, 2005 <u> 386-684-2064</u>