

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2007 8:00 am
Secretary of State

07-26-2007 90031 038 ***150.00

DOCUMENT # P03000131029 1. Entity Name PETE RICHTER CONSTRUCTION, INC.						
Principal Place of Business 11428 MASON CAMP LANE DADE CITY, FL 33525			Mailing Address 11428 MASON CAMP LANE DADE CITY, FL 33525			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. BOX 1201				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State SAN ANTONIO, FL		4. FEI Number 20-0382282		
Zip		Country 33576		Country PASCO		
6. Name and Address of Current Registered Agent NEWLON, JOSEPH A 12146 CURLEY ST SAN ANTONIO, FL 33576				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 _____ (NOTE: Registered Agent signature required when transferring) DATE _____						
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$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 P/D	NAME RICHTER, PETE		<input type="checkbox"/> Delete	TITLE	NAME	
STREET ADDRESS 11428 MASON CAMP LANE	CITY- ST- ZIP DADE CITY, FL 33525		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE V	NAME DAUGHERTY, CHARLES		<input checked="" type="checkbox"/> Delete	TITLE	NAME	
STREET ADDRESS 28332 RICE RD	CITY- ST- ZIP SAN ANTONIO, FL 33576		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE V	NAME RICHTER, JOHN		<input type="checkbox"/> Delete	TITLE	NAME	
STREET ADDRESS 11428 MASON CAMP LANE	CITY- ST- ZIP DADE CITY, FL 33525		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	NAME		<input type="checkbox"/> Delete	TITLE	NAME	
STREET ADDRESS	CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	NAME		<input type="checkbox"/> Delete	TITLE	NAME	
STREET ADDRESS	CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	NAME		<input type="checkbox"/> Delete	TITLE	NAME	
STREET ADDRESS	CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Pete Richter</i>			<i>x 7-21-07 x 3525213968</i>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PETE RICHTER			Date Telephone #			