

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90039 028 ***150.00

DOCUMENT # P03000135186

1. Entity Name
RICHARD DAUGHERTY INC.



Principal Place of Business Mailing Address
3210 STONEWOOD COURT **3210 STONEWOOD COURT**
ORLANDO FL 32806 **ORLANDO FL 32806**

94037323



MOORE CR2E034 (11/03)

2. Principal Place of Business 3. Mailing Address
3210 Stonewood Ct **Same**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Orlando FL **FL**

4. FEI Number Applied For
20-0402416 Not Applicable

Zip Country Zip Country
32806 **Orange**

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

6. Name and Address of Current Registered Agent
DAUGHERTY, RICHARD
3210 STONEWOOD COURT
ORLANDO FL 32806

7. Name and Address of New Registered Agent
 Name **Richard Daugherty**
 Street Address (P.O. Box Number is Not Acceptable)
3210 Stonewood Ct
 City **Orlando** **FL** Zip Code **32806**

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 *Richard E. Daugherty* DATE **23 MARCH 04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P	<input type="checkbox"/> Delete
NAME	DAUGHERTY, RICHARD	
STREET ADDRESS	3210 STONEWOOD COURT	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Richard E. Daugherty* DATE: **23 MARCH 04** DAYTIME PHONE: **407-859-1303**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #