2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 06, 2007 8:00 am DOCUMENT # P03000135186 **Secretary of State** 03-06-2007 90007 041 ***150.00 RICHARD DAUGHERTY INC. Principal Place of Business Mailing Address 3210 STONEWOOD COURT ORLANDO FL 32806 3210 STONEWOOD COURT ORLANDO FL 32806 2. Principal Place of Business - No P.O. Box # B. Mailing Address Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State 4. FEI Number Applied For 20-0402416 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired O Orongo 6. Name and Address of Current Registered Agent Fee Required 7. Name and Address of New Registered Agent DAUGHERTY, RICHARD 3210 STONEWOOD COURT Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32806 Zip Code 8. The above named entity submits this statement for the pocose 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 <u> 2-26-0</u> SIGNATURE ature, typed or printed same of registered agent and title if applicable. tered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 HILE ☐ Defete HILL Change ☐ Addition DAUGHERTY, RICHARD NAME NAM 3210 STONEWOOD COURT STREET ADDRESS STREET ADDRESS ORLANDO FL 32806 CITY ST-ZIP CITY ST ZIP HDF Delete JULE Change Addition NAMI STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST- ZIP HHE Defete TOTAL Addition NAME NAMI STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY ST ZIE HILE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY ST-7IP CHY ST 7tP шь ☐ Delete ШЕ Addition NAME NAMI STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY ST-ZIP пиг Addition Delete JULE ☐ Change NAME NAMI STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 logal offect as if made under eath; 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.

FILED