

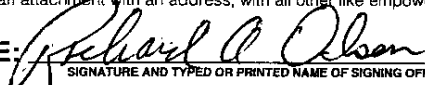


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90086 044 \*\*\*150.00

|   |   |  |  |   |  |
|---|---|--|--|---|--|
| <b>DOCUMENT # P03000137652</b><br>1. Entity Name<br><b>RICHLINN CONSTRUCTION, INC.</b>  |   |  |  |                |  |
| Principal Place of Business<br><b>1348 OAK MEADOW POINTE<br/>NEW PORT RICHEY, FL 34655</b>  |   |  | Mailing Address<br><b>1348 OAK MEADOW POINTE<br/>NEW PORT RICHEY, FL 34655</b>   |   |  |
| 2. Principal Place of Business<br><b>5431 Dartmouth Road</b><br>Suite, Apt. #, etc.   |   | 3. Mailing Address<br><b>5431 Dartmouth Road</b><br>Suite, Apt. #, etc.  |  |   |  |
| City & State<br><b>New Port Richey, FL</b>  |   | City & State<br><b>New Port Richey, FL</b>   |  | 4. FEI Number<br><b>56-2419083</b>  |  |
| Zip<br><b>34652</b>   |   | Country<br><b>Pasco</b>  |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent<br><br><b>CLARK, VICKI L<br/>1348 OAK MEADOW POINTE<br/>NEW PORT RICHEY, FL 34655</b>   |   |  | 7. Name and Address of New Registered Agent<br>Name <b>Richrad A. Olson</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>5431 Dartmouth Road</b><br>City <b>New Port Richey</b> <b>FL</b> Zip Code <b>34652</b> |   |  |
| 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.<br>SIGNATURE  <b>Richard A. Olson</b> <span style="float: right;">02/02/05</span><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |   |  |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>   |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>VSTD</b> <input type="checkbox"/> Delete<br><b>CLARK, VICKI L</b><br><b>1348 OAK MEADOW POINTE</b><br><b>NEW PORT RICHEY, FL 34655</b> |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>PD</b> <input type="checkbox"/> Delete<br><b>OLSON, RICHARD A</b><br><b>5431 DARTMOUTH RD</b><br><b>NEW PORT RICHEY, FL 34652</b>      |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>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 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:  <b>Richard A. Olson</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   |  | Date <b>02/02/05</b><br><small>Daytime Phone #</small>   |   |  |