

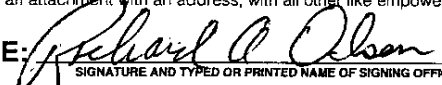


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-07-2005 90086 044 ***150.00

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