

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

04-27-2004 5:00:00 PM

**FILED**

B03000158374

04 NOV -8 AM 10: 58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
34042974



MOORE CR2E034 (11/03)

<b>DOCUMENT # P03000158374</b> 1. Entity Name <b>RICHARD NEARBIN, INC.</b>			
Principal Place of Business <b>137 ABACO WAY PONTE VEDRA BEACH FL 32082</b>		Mailing Address <b>137 ABACO WAY PONTE VEDRA BEACH FL 32082</b>	
2. Principal Place of Business <b>141 Abaco Way</b> <small>Suite, Apt. #, etc.</small>	3. Mailing Address <b>141 Abaco Way</b> <small>Suite, Apt. #, etc.</small>	<div style="border: 1px solid black; padding: 5px;">             4. FEI Number  <b>20-0550421</b> </div> <div style="border: 1px solid black; padding: 5px;">             5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75-Additional Fee Required</b> </div>	
City & State <b>Ponte Vedra FL 32082</b>	City & State <b>Ponte Vedra FL 32082</b>		
Zip <b>32082</b>	Country <b>USA</b>		
6. Name and Address of Current Registered Agent <b>NEARBIN, RICHARD</b> <b>141 137 ABACO WAY</b> <b>PONTE VEDRA BEACH FL 32082</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 <u><i>Richard Nearbin</i></u> <span style="float: right;">4-23-04</span> <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</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST- ZIP <b>DPST</b> <b>NEARBIN, RICHARD</b> <b>137 ABACO WAY</b> <b>PONTE VEDRA BEACH FL 32082</b>	<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
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: <u><i>Richard Nearbin</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			