


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90315 025 \*\*\*150.00

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| <b>DOCUMENT # P04000007844</b><br>1. Entity Name<br><b>GREG RICH INC.</b>   |   |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Principal Place of Business<br><b>8 KRISTIN LANE<br/>EUSTIS, FL 32726</b>   |   |   | Mailing Address<br><b>8 KRISTIN LANE<br/>EUSTIS, FL 32726</b>  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.   |   | 3. Mailing Address<br><br>Suite, Apt. #, etc. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| City & State<br><br>Zip      Country  |   | City & State<br><br>Zip      Country          |  | 4. FEI Number<br><b>04-3781675</b><br><input type="checkbox"/> Applied For<br><input checked="" type="checkbox"/> Not Applicable |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |   |   |  | 01102005    Chg-P    CR2E034 (10/03)   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>OLSON, TERRY<br/>545 N UMATILLA BLVD<br/>UMATILLA, FL 32784</b>   |   |   | 7. Name and Address of New Registered Agent<br>Name <b>Amy Rich</b><br>Street Address (P.O. Box Number is Not Acceptable) <b>8 Kristin Lane</b><br>City <b>Eustis</b> FL      Zip <b>32726</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>Amy Rich</b> DATE <b>4-18-05</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>  |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>   |   |   | 9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b><br>Trust Fund Contribution.   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10. OFFICERS AND DIRECTORS<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP</td> <td style="width:70%;"> <b>P<br/>RICH, GREG<br/>8 KRISTIN LANE<br/>EUSTIS, FL 32726</b> <input type="checkbox"/> Delete         </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>   |   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>P<br/>RICH, GREG<br/>8 KRISTIN LANE<br/>EUSTIS, FL 32726</b> <input type="checkbox"/> Delete                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP</td> <td style="width:70%;"> <input type="checkbox"/> Change    <input type="checkbox"/> Addition         </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table> |  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 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>Amy Rich</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   |   | DATE <b>4-18-05</b> DAYTIME PHONE <b>(352) 357-7866</b>  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |