

FILED
Apr 02, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000026938 1. Entity Name BILLY RICHARDSON, P.A.				Apr 02, 2008 08:00 Secretary of State	
Principal Place of Business 9 SWEET BAY DRIVE SANTA ROSA BEACH, FL 32459		Mailing Address 9 SWEET BAY DRIVE SANTA ROSA BEACH, FL 32459			
DO NOT WRITE IN THIS SPACE				02212008 No Chg-P CR2E034 (11/05)	
4. FEI Number 20-0717913		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRAD CONGLETON CPA, INC 50 UPTOWN GRAYTON CIRCLE 15 SANTA ROSA BEACH, FL 32459				DO NOT WRITE IN THIS SPACE	
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 _____ <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		DATE 04/14/08-80011-008 150.00	
10. OFFICERS AND DIRECTORS					
TITLE	DO NOT WRITE IN THIS SPACE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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: 3/31/08 850-534-0292					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					