2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

May 04, 2005 8:00 am Secretary of State DOCUMENT # P04000096750 1. Entity Name 05-04-2005 90146 040 ***158.75 RICHARD'S PLACE, INC. Principal Place of Business Mailing Address 9730 NW 63RD ST. 9730 NW 63RD ST. **OCALA FL 34482 OCALA FL 34482** 2. Principal Place of Business 3. Mailing Address E Silve Sprago Blod Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State Applied For-City & State 4. FE! Number Ocala 59-2395187 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ORTIZ, GEORGE 1515 E SILVER SPRINGS BLVD. Street Address (P.O. Box Number is Not Acceptable) **SUITE 128** OCALA FL 34470 City Zip Code 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. (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. P. D TITLE Delete TITLE Change ☐ Addition P . D ORTIZ, GEORGE NAME Lee, Kichard STREET ADDRESS 1515 E SILVER SPRINGS BLVD., STE. 128 STREET ADDRESS **G**0730NW63S1 CITY-ST-ZIP OCALA FL 34470 CITY-ST-ZIP ✓ Delete RELE TITLE Addition FRANCES ORTIZ, GEORGE NAME MARKE 1515 E SILVER SPRINGS BLVD., STE. 128 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OCALA FL 34470 CITY-ST-ZP THILE Delete TITLE Change | SI ☐ Addition ORTIZ, GEORGE NAME STREET ADDRESS STREET ADDRESS 1515 E SILVER SPRINGS BLVD., STE. 128 CHTY-ST-7IP CITY-ST-ZIP OCALA FL 34470 TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of supplemental report is frue 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 of the receiver or trustee employeered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED