## 2005 FOR PROFIT CORPORATION

## May 02, 2005 8:00 am **ANNUAL REPORT** Secretary of State DOCUMENT # P04000173010 05-02-2005 90478 037 \*\*\*150.00 RICH BUILDERS, INC. Principal Place of Business Mailing Address 1047 NAPA WAY 1047 NAPA WAY NICEVILLE, FL 32578 NICEVILLE, FL 32578 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. 02082005 Chg-P CR2E034 (10/03) Applied For City & State City & State 4. FEI Number <u>59-371</u>2866 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301 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. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Defete TITLE ☐ Change ■ Addition TITLE LANGE, RICHARD N NAME STREET ADDRESS STREET ADDRESS 1047 NAPA WAY NICEVILLE, FL 32578 CITY-ST-ZIP CITY-ST-ZIP Delete TITI F Change ☐ Addition TITLE LANGE, HOLLY A NAME NAME STREET ADDRESS 1047 NAPA WAY STREET ADDRESS CITY-ST-ZIP NICEVILLE, FL 32578 CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLTY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

Delete

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADORESS

RICHARD N LANGE

**FILED** 

☐ Change

☐ Addition