

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000032264

**Entity Name:** R. D. RICHARDS SURVEYING, INC.

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

8567 COUNTY ROAD 13 NORTH  
SAINT AUGUSTINE, FL 32092 US

**New Principal Place of Business:**

**Current Mailing Address:**

8567 COUNTY ROAD 13 NORTH  
SAINT AUGUSTINE, FL 32092 US

**New Mailing Address:**

**FEI Number:** 04-3808261

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RICHARDS, ROBERT  
8567 COUNTY ROAD 13 NORTH  
SAINT AUGUSTINE, FL 32092 US

**Name and Address of New Registered Agent:**

RICHARDS, ROBERT  
8567 COUNTY ROAD 13 NORTH  
SAINT AUGUSTINE, FL 32092 US

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.

**SIGNATURE:**

Electronic Signature of Registered Agent

02/17/2011

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** RICHARDS, ROBERT  
**Address:** 8567 COUNTY ROAD 13 NORTH  
**City-St-Zip:** SAINT AUGUSTINE, FL 32092 US

**Title:** S  
**Name:** RICHARDS, KATHLEEN L  
**Address:** 8567 COUNTY RD. 13 NORTH  
**City-St-Zip:** ST. AUGUSTINE, FL 32092 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** ROBERT RICHARDS

P

02/17/2011

Electronic Signature of Signing Officer or Director

Date