

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000036848

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: MARGARET RICHARDS, P.A.

**Current Principal Place of Business:**

13557 BARBERRY DR  
WELLINGTON, FL 33414

**New Principal Place of Business:**

**Current Mailing Address:**

13557 BARBERRY DR  
WELLINGTON, FL 3414

**New Mailing Address:**

13557 BARBERRY DR  
WELLINGTON, FL 33414

FEI Number: 47-0952731

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RICHARDS, MARGARET  
13557 BARBERRY DR  
WELLINGTON, FL 3414 US

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

RICHARDS, MARGARET  
13557 BARBERRY DR  
WELLINGTON, FL 33414 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: MARGARET RICHARDS

04/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: RICHARDS, MARGARET  
Address: 13557 BARBERRY DR  
City-St-Zip: WELLINGTON, FL 3414

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: RICHARDS, MARGARET  
Address: 13557 BARBERRY DR  
City-St-Zip: WELLINGTON, FL 33414

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARGARET RICHARDS

PRES

04/28/2009

Electronic Signature of Signing Officer or Director

Date