


FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90177 020 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000077082 1. Entity Name RICHSANDI, INC.	
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Principal Place of Business
**4100 ASHTON CLUB DRIVE
LAKE WALES, FL 33859**

Mailing Address
**4100 ASHTON CLUB DRIVE
LAKE WALES, FL 33859**

40049957



DO NOT WRITE IN THIS SPACE

03102007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2910785	Applied For <input 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

**POE, RICHARD A
4100 ASHTON CLUB DRIVE
LAKE WALES, FL 33859**

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POE, RICHARD A 4100 ASHTON CLUB DRIVE LAKE WALES, FL 33859
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POE, SANDRA M 4100 ASHTON CLUB DRIVE LAKE WALES, FL 33859
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Sandra M. Poe* **3-14-07** **863-326-1927**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #