

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
May 16, 2006 8:00 am
Secretary of State

04-24-2006 90347 030 ***150.00

DOCUMENT # P05000108963 1. Entity Name RICHARD & G INC.																																																														
Principal Place of Business 8910 DARTMOOR WAY FT. MYERS, FL 33908 US			Mailing Address 8910 DARTMOOR WAY FT. MYERS, FL 33908 US																																																											
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 27-0131064																																																										
City & State		City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																																																										
Zip		Country		6. Name and Address of Current Registered Agent PETERS, RICHARD 8910 DARTMOOR WAY FT. MYERS, FL 33908																																																										
City & State		City & State		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 DATE 4/23/06 Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)																																																														
FILE NOW!!! FEB 18 \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees																																																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY - ST - ZIP</td> <td style="width: 10%; text-align: center;">Delete</td> </tr> <tr> <td></td> <td>DPTS</td> <td>PETERS, RICHARD</td> <td>8910 DARTMOOR WAY</td> <td></td> </tr> <tr> <td></td> <td></td> <td>FT. MYERS, FL 33908</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Delete		DPTS	PETERS, RICHARD	8910 DARTMOOR WAY				FT. MYERS, FL 33908			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY - ST - ZIP</td> <td style="width: 10%; text-align: center;">Change</td> <td style="width: 10%; text-align: center;">Addition</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>			TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition																																				
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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 data empowered. SIGNATURE: 4/23/06 SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING OFFICER OR DIRECTOR																																																														