

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 13, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000166439

1. Entity Name
RICHIE B'S, INC.



Principal Place of Business
42160 U.S. HWY. 19 NORTH
UNITS 62 & 63
TARPON SPRINGS, FL 34689 US

Mailing Address
3182 PHLOX DRIVE
PALM HARBOR, FL 34684 US



08012008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4005557

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLASZKIEWICZ, RICHARD J
3182 PHLOX DRIVE
PALM HARBOR, FL 34684

**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
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D
NAME BLASZKIEWICZ, RICHARD J
STREET ADDRESS 3182 PHLOX DRIVE
CITY-ST-ZIP PALM HARBOR, FL 34684

TITLE P
NAME BLASZKIEWICZ, RICHARD J
STREET ADDRESS 3182 PHLOX DRIVE
CITY-ST-ZIP PALM HARBOR, FL 34684

TITLE VP
NAME BLASZKIEWICZ, RICHARD J
STREET ADDRESS 3182 PHLOX DRIVE
CITY-ST-ZIP PALM HARBOR, FL 34684

TITLE SEC
NAME BLASZKIEWICZ, RICHARD J
STREET ADDRESS 3182 PHLOX DRIVE
CITY-ST-ZIP PALM HARBOR, FL 34684

TITLE TREA
NAME BLASZKIEWICZ, RICHARD J
STREET ADDRESS 3182 PHLOX DRIVE
CITY-ST-ZIP PALM HARBOR, FL 34684

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000957620
08/13/08-80002-017 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-6-08

727-688-1967