

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

03-05-2007 90068 019 \*\*\*150.00  
P06000020532

FILED

07 JUL -5 PM 4:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02242007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # P06000020532</b> 1. Entity Name <b>RICHARDSON FISH CAMP, INC.</b>					
Principal Place of Business <b>1550 SCOTTYS ROAD KISSIMMEE, FL 34744 US</b>			Mailing Address <b>1550 SCOTTYS ROAD KISSIMMEE, FL 34744 US</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number <div style="font-size: 1.5em; font-weight: bold;">20-4299926</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Applied For Not Applicable</div>	
City & State		City & State			
Zip      Country		Zip      Country			
6. Name and Address of Current Registered Agent  <b>RICHARDSON, RUTH A 1550 SCOTTYS ROAD KISSIMMEE, FL 34744</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RICHARDSON, RUTH A</b> <b>1550 SCOTTYS ROAD</b> <b>KISSIMMEE, FL 34744</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RICHARDSON, JAMES D</b> <b>1550 SCOTTYS ROAD</b> <b>KISSIMMEE, FL 34744</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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					
<b>SIGNATURE:</b> <i>Ruth Ann Richardson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<div style="display: flex; justify-content: space-between;"> <span><i>2-28-07</i> <small>Date</small></span> <span><i>407-846-6540</i> <small>Daytime Phone #</small></span> </div>		