


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED  
Mar 19, 2008 08:00 A  
Secretary of State**

**DOCUMENT # P06000020532**  
1. Entity Name  
**RICHARDSON FISH CAMP, INC.**



Principal Place of Business      Mailing Address  
**1550 SCOTTYS ROAD  
KISSIMMEE FL 34744  
US**      **1550 SCOTTYS ROAD  
KISSIMMEE FL 34744  
US**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

1st MOORE      CR2E034 (10/07)  
4. FEI Number      **20-4299926**      Applied For  
Not Applicable

6. Name and Address of Current Registered Agent  
**RICHARDSON, RUTH A  
1550 SCOTTYS ROAD  
KISSIMMEE FL 34744**

5. Certificate of Status Desired            **\$8.75 Additional  
Fee Required**  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing.)      DATE \_\_\_\_\_

**FILE NOW!!! - FEE IS \$150.00  
After May 1, 2008 Fee Will Be \$550.00  
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		
TITLE	D	<input type="checkbox"/> Delete
NAME	RICHARDSON, RUTH A	
STREET ADDRESS	1550 SCOTTYS ROAD	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE	D	<input type="checkbox"/> Delete
NAME	RICHARDSON, JAMES D	
STREET ADDRESS	1550 SCOTTYS ROAD	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	U00000863841	
CITY-ST-ZIP	04/03/08-80107-014 150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 an other like empowered.

**SIGNATURE:** *Ruth Ann Richardson*      **RUTH ANN RICHARDSON**      **3-15-08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date

407-842-6540