

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000027112

FILED
Jun 16, 2009
Secretary of State

Entity Name: RICHSTAD PROPERTIES CORPORATION

Current Principal Place of Business:

498 NW BRADY CIRCLE
LAKE CITY, FL 32025

New Principal Place of Business:

Current Mailing Address:

5220 S UNIVERSITY DR
SUITE C-102
DAVIE, FL 33328

New Mailing Address:

FEI Number: 20-4360787 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SILVA'S ENTERPRISE, INC.
5220 S UNIVERSITY DR
SUITE C-102
DAVIE, FL 33328 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MORENO, MILTON
Address: 498 NW BRADY CIRCLE
City-St-Zip: LAKE CITY, FL 32025

Title: D () Delete
Name: MORENO, MONICA
Address: 498 NW BRADY CIRCLE
City-St-Zip: LAKE CITY, FL 32025

Title: D () Delete
Name: SILVA, LUIS F
Address: 498 NW BRADY CIRCLE
City-St-Zip: LAKE CITY, FL 32025

Title: D () Delete
Name: PANTIN, LUISA E
Address: 498 NW BRADY CIRCLE
City-St-Zip: LAKE CITY, FL 32025

Title: D () Delete
Name: THOMAS, DUANE E
Address: 498 NW BRADY CIRCLE
City-St-Zip: LAKE CITY, FL 32025

Title: D () Delete
Name: THOMAS, KAREN K
Address: 498 NW BRADY CIRCLE
City-St-Zip: LAKE CITY, FL 32025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MILTON MORENO

PD

06/16/2009

Electronic Signature of Signing Officer or Director

_____ Date