

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000037393

1. Entity Name
RICHARD & AMY ASSOCIATES, INC



Principal Place of Business
1105 VINTNER BLVD
PALM BCH GARDENS, FL 33410

Mailing Address
5500 MILITARY TRAIL
SUITE 22-153
JUPITER, FL 33458

FILED
Mar 19, 2008 08:00 AM
Secretary of State



03162008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-2926037

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

VOLPE, RICHARD
1105 VINTNER BLVD
PALM BCH GARDENS, FL 33410

**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

3-17-08

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
VOLPE, RICHARD
1105 VINTNER BLVD
PALM BCH GARDENS, FL 33410

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
VOLPE, AMY
1105 VINTNER BLVD
PALM BCH GARDENS, FL 33410

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

U000000863170
04/03/08-80081-004 150.00

**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 #

3/17/08

561-776-9292