2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

Aug 05, 2004 8:00 am Secretary of State DOCUMENT # P92000014620 1. Entity Name 08-05-2004 90004 025 ***150.00 RICHARDS QUALITY VEHICLES, INC. Principal Place of Business Mailing Address 5421 EDGEWATER DR ORLANDO FL 32810 US 5421 EDGEWATER DR ORLANDO FL 32810 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (4/04) City & State City & State 4. FEI Number Applied For 59-3155091 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RAGUNT, RICHARD A 902-S. ORANGE BLOSSOM TRAIL APOPKA FL 32703 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 \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 Election Campaign Financing \$5.00 May Be DUE BY September 8, 2004 late fee. By checking this box, the corporation certifies i Trust Fund Contribution. Added to Fees did not receive prior notice. Fee to file is \$150.00. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PD ☐ Change TITLE ☐ Delete TITLE ☐ Addition RAGUNT, RICHARD A NAME NAME STREET ADDRESS STREET ADDRESS 5421 EDGEWATER DR ORLANDO FL 32810 CITY-ST-ZIP CITY-ST-ZIP SD TITLE Delete TITLE Change ☐ Addition RAGUNT, KATHLEEN C NAME NAME 5421 EDGEWATER DR STREET ADDRESS STREET ADDRESS ORLANDO FL 32810 CITY-ST-7:P CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 effect 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. **HIGH ARCH ALL HERCH ALL HERC

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