2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 21, 2005 8:00 am Secretary of State

DOCUMENT # P94000010174 1. Entity Name JAMES H. RICHEY, P.A.					04-21-2005 90253 043 ***150.00			
Principal Flace of Business Mailing Address 1600 SARNO RD 1600 SARNO RD SUITE 4 SUITE 4 MELBOURNE, FL 32935 MELBOURNE, FL 32935								
2. Principal Place of Business 3. Mailing Address 707 W. Eau Gallie Blvd 707 W. Eau Suite, Apt. #, etc. Suite, Apt. #, etc.			au Galli	e Blvd			=.=.	
City & State		City & State		04182005 4. FEI Numb		CR2E034 (10/0	Applied For	
Melbourne, FL		Melbourne, FL		59-322	3367		Not Applicable	
32935	Country U.S.∆	^{Zip} 32935	Country U.S.		of Status Desired	Fee Req	Additional uired	
ļ	6. Name and Address of Current F	Name	7. Name and	Address of New R	egistered Agent			
RICHEY, JAMES H				Name				
1600 SARNO RD				Street Address (P.O. Box Number is Not Acceptable)				
SUITE 4							••••	
MELBOURNE, FL 32935								
•			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 Signature, typod or pristed name of registered agent and Blod applicable. (NOTE: Registered Agent signature required when reinvising) DATE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees								
10.	OFFICERS AND L	DIRECTORS	11.	ADDITIONS	CHANGES TO OFFI	ICEBS AND DIRECT	ORS IN 11	
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NAME	RICHEY, JAMES H		NAME			_	_	
STREET ADORESS	1600 SARNO RD, SUITE 4		STREET ADDRESS					
City-ST-ZiP	MELBOURNE, FL 32935		CITY-ST-ZIP		<u>.</u>			
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12. I hereby certify that the information supplied with this filling 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 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 THOSE OF PRINTED NAME OF SIGNATURE OF DIRECTOR

4-19-05

321-242-7552

Daytime Phone #