2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2009
Secretary of State

DOCUMENT# P94000030251

Entity Name: M.D. RICHARDS & SONS INC.

Current Principal Place of Business:

12655 SE 5 AVE
OCALA, FL 34480 US

New Principal Place of Business:

Current Mailing Address:

12655 SE 5 AVE
OCALA, FL 34480 US

New Mailing Address:

FEI Number: 65-0483142 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PHILLIP RICHARDS
12655 SE 5 AVE
OCALA, FL 34480 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: RICHARDS, PHILLIP C
Address: 12655 SE 5 AVE
City-St-Zip: OCALA, FL 34480

Title: D ( ) Delete
Name: RICHARDS, HOWARD C JR
Address: 11491 CRESTA LANE
City-St-Zip: DUBLIN, CA 94566

Title: D ( ) Delete
Name: RICHARDS, DEAN C
Address: 27601 SW 164 CT
City-St-Zip: HOMESTEAD, FL 33031

Title: D ( ) Delete
Name: RICHARDS, DOUGLAS C
Address: 2292 CONASAWGA RD
City-St-Zip: ELLIJAY, GA 30540

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:

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: PHIS RICHARDS PRES 02/17/2009

Electronic Signature of Signing Officer or Director Date