


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90094 025 \*\*\*150.00

**DOCUMENT # P94000074589**

1. Entity Name  
 RICHERT PERPETUAL FUNDING, INC.



Principal Place of Business  
 400 E EAGLE LAKE LOOP ROAD  
 WINTER HAVEN FL 33884  
 US

Mailing Address  
 P.O. BOX 5583  
 WINTER HAVEN FL 33880-0583  
 US

24004676



MOORE CR2E034 (11/03)

2. Principal Place of Business  
 319-3RD STREET N.W.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 WINTER HAVEN, FLORIDA

City & State  
 WINTER HAVEN, FLORIDA

Zip  
 33881

Country  
 POLK

4. FEI Number  
 59-3277255

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

RICHERT, DONALD G  
 400 E EAGLE LAKE LOOP ROAD  
 WINTER HAVEN FL 33884

7. Name and Address of New Registered Agent

Name: SAME AS #6

Street Address (P.O. Box Number is Not Acceptable)  
 319-3RD STREET N.W.

City: WINTER HAVEN FL Zip Code: 33881

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D	<input type="checkbox"/> Delete
NAME RICHERT, DONALD G	
STREET ADDRESS 400 E EAGLE LAKE LOOP RD	
CITY-ST-ZIP WINTER HAVEN FL 33884	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 319-3RD ST. N.W.	
CITY-ST-ZIP WINTER HAVEN, FL. 33881	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 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: DONALD G. RICHERT - PRESIDENT/C.E.O.  
 \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: JAN. 23, 2004 Daytime Phone #: 813-299-7855