## 2008 FOR PROFIT CORPORATION

## FILED **ANNUAL REPORT** Feb 19, 2008 08:00 AM Secretary of State **DOCUMENT # P95000059374** 1. Entity Name RICHARDSON PROPERTIES, INC. Principal Place of Business Mailing Address 4895 HIGGINBOTHAM RD 4895 HIGGINBOTHAM RD FORT MYERS, FL 33905 US FORT MYERS, FL 33905 01312008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0598471 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RICHARDSON, RONALD DO NOT WRITE 4895 HIGGINBOTHAM RD FORT MYERS, FL 33905 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. Standard, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS DPT TITLE NAME RICHARDSON, RONALD 4895 HIGGINBOTHAM RD STREET ADDRESS CHY-ST-ZIP FORT MYERS, FL 33905 U00000832559 **VPS** TITLE 02/27/08-80063-016 150.00 RICHARDSON, VIKKI A NAME 4895 HIGGINBOTHAM RD STREET ADDRESS FORT MYERS, FL 33905 CITY-ST-ZIP TILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TM F IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS City-St-ZIP

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