

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 09, 2004 8:00 am**  
**Secretary of State**

07-27-2004 90036 016 \*\*\*150.00

**DOCUMENT # P96000026982**

1. Entity Name  
**RICHARD PRIEST SALES, INC.**



Principal Place of Business  
**118 S. HOWARD AVENUE  
TAMPA, FL 33606**

Mailing Address  
**118 S. HOWARD AVENUE  
TAMPA, FL 33606**



07222004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3374076**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MCNAMARA, THOMAS P.  
2909 BAY TO BAY BLVD.  
SUITE 309  
TAMPA, FL 33629**

**DO NOT WRITE  
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, the registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D  
PRIEST, RICHARD  
118 S. HOWARD AVENUE  
TAMPA, FL 33606**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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CITY-ST-ZIP

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IN THIS SPACE**

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, for all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7/20/04 (813) 253-9477**

Attachment 66431591  
Doc. # P96000026982

August 5, 2004

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

I would like to request that the \$400.00 late fee be waived for Richard Priest Sales, Inc reference number: P96000026982. I did not receive the first notice or report document. I did however receive the notice of intent to dissolve the corporation and mailed in my check for the \$150.00 upon receiving that notice.

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Thank you for your understanding on this matter. I will be sure to look for the annual report when it is issued next year.

Thank you,

  
Richard A. Priest



Attachment  
66431591

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

July 29, 2004

RICHARD PRIEST SALES, INC.  
118 S. HOWARD AVENUE  
TAMPA, FL 33606

Subject: RICHARD PRIEST SALES, INC.

Reference Number:

P96000026982

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$400.00.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/rg

ANNUAL REPORTS SECTION

NOTICE DID NOT RECEIVE THE REPORT