

# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P96000379536

1. Entity Name  
RICK RICHARDS, INC.



FILED

07 OCT 17 PM 1:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
24605 53RD AVE E  
MYAKKA CITY, FL 34251 US

Mailing Address  
24605 53RD AVE E  
MYAKKA CITY, FL 34251 US

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

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

City & State

City & State

Zip Country

Zip Country

09112007 Chg-P CR2E034 (12/06)

4. FEI Number  
65-0699505

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
RICHARDS, CHARLES E IV  
24605 53RD AVE E  
MYAKKA CITY, FL 34251

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	RICHARDS, CHARLES E	
STREET ADDRESS	24605 53RD AVE E	
CITY-ST-ZIP	MYAKKA CITY, FL 34257	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ZEITSMAN, HENDRIC	
STREET ADDRESS	720 IXORA AVE	
CITY-ST-ZIP	ELLENTON, FL 34222	
TITLE	S/T	<input type="checkbox"/> Delete
NAME	RICHARDS, ROBYN V	
STREET ADDRESS	24605 53RD AVE E	
CITY-ST-ZIP	MYAKKA CITY, FL 34257	
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/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richards, Robyn V.	
STREET ADDRESS	24605 53rd Avenue E	
CITY-ST-ZIP	Myakka City, FL 34257	
TITLE	VP/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Zeitsman, Hendric	
STREET ADDRESS	720 Ixora Avenue	
CITY-ST-ZIP	Ellenton, FL 34222	
TITLE	S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richards, Charles E., IV	
STREET ADDRESS	24605 53rd Avenue E	
CITY-ST-ZIP	Myakka City, FL 34257	
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		

700110874787  
10/17/07--01013--007 \*\*61.25

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-915-1815