# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P96000093051**

**1.** Entity Name
JOEL RICHARDSON, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1007 S. MOODY RD.<br>PALATKA, FL 32177    US | 1007 S. MOODY RD.<br>PALATKA, FL 32177    US |

## DO NOT WRITE IN THIS SPACE

01052008    No Chg-P    CR2E034 (11/05)

| 4. FEI Number<br>59-3410357 | Applied For |
|---|---|
| | Not Applicable |

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

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

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES, FL 33134

## 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 registered agent.

SIGNATURE_____

Signature, typed or printed name of registered agent and title if applicable.        (NOTE: Registered Agent signature required when reinstating)        DATE

**FILE NOW!!!  FEE IS $150.00**
**After May 1, 2008 Fee will be $550.00**

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

**10.** OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PSTD |
| NAME | RICHARDSON, DANIEL J |
| STREET ADDRESS | 1007 S. MOODY RD. |
| CITY-ST-ZIP | PALATKA, FL 32177 |

| | |
|---|---|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|---|---|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|---|---|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|---|---|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|---|---|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

U000000784755
01/16/08-80068-008  150.00

## DO NOT WRITE
## IN THIS SPACE

**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: _____   1/11/8   904-669-8859

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR        Date        Daytime Phone #