

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000047649



1. Entity Name
RICKARD & HARRELL, P.A.

Principal Place of Business
**3980 TAMPA RD
STE 202
OLDSMAR, FL 34677**

Mailing Address
**3980 TAMPA RD
STE 202
OLDSMAR, FL 34677**



01152007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3449343

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RICKARD, JAMES I III
3980 TAMPA RD
STE 202
OLDSMAR, FL 34677**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	RICKARD, JAMES I III
STREET ADDRESS	3980 TAMPA RD STE 202
CITY - ST - ZIP	OLDSMAR, FL 34677
TITLE	ST
NAME	RICKARD, DENISE A
STREET ADDRESS	3980 TAMPA RD STE 202
CITY - ST - ZIP	OLDSMAR, FL 34677
TITLE	VP
NAME	HARRELL, RICHARD F
STREET ADDRESS	3980 TAMPA ROAD SUITE 202
CITY - ST - ZIP	OLDSMAR, FL 34677
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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**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:

Denise A Rickard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #