

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000071944

1. Entity Name
H.M. RICHARDS, INC.



Principal Place of Business

11540 US HWY 92 EAST
SEFFNER, FL 33584

Mailing Address

11540 US HWY 92 EAST
SEFFNER, FL 33584 US



01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3464773

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BEYER, DAVID A
% PIPER MARBURY RUDNICK & WOLFE, LLP
101 EAST KENNEDY BLVD., SUITE 2000
TAMPA, FL 33602

**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

000000949624
06/03/08-80035-017 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEIN, LEWIS 11540 US HWY 92 EAST SEFFNER, FL 33584
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEAMAN, JEFFREY 400 PERIMETER CENTER TERRACE, SUITE 800 ATLANTA, GA 30348
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P QUIRK, WILLIAM 414 RD 2790 GUNTOWN, MS 38849
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT TORRENT, JOEY 414 RD 2790 GUNTOWN, MS 38849
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS 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 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:

Lewis Stein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/08

Date

Daytime Phone #