

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000047204

1. Entity Name
RICHMANN ENTERPRISES OF THE BEACHES, INC.



Principal Place of Business

1171 BEACH BLVD.
JACKSONVILLE, FL 32250

Mailing Address

1171 BEACH BLVD.
JACKSONVILLE, FL 32250



03042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3514908	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

O'NEILL, KAREN B
1009 21ST ST NO
JACKSONVILLE BEACH, FL 32250

**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 reappointing)

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

U000000945295
05/30/08-80002-014 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KAUFMANN, MITCH
STREET ADDRESS	620 13TH AVENUE SOUTH
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250
TITLE	VP
NAME	THOMPSON, RICHARD
STREET ADDRESS	408 15TH AVENUE SOUTH
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

Norman Kaufmann
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/2008
Date

Daytime Phone #