


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90031 039 \*\*\*150.00

<b>DOCUMENT # P99000053270</b> 1. Entity Name <b>STELLA RICHES, INC.</b>			
Principal Place of Business <b>3032 CONIFER DRIVE LARGO, FL 33771</b>		Mailing Address <b>3032 CONIFER DRIVE LARGO, FL 33771</b>	
2. Principal Place of Business - No P.O. Box # <b>458 Sea Holly Drive</b>		3. Mailing Address <b>458 Sea Holly Dr.</b>	
Suite, Apt. #, etc. <b>Brooksville, FL</b>		Suite, Apt. #, etc. <b>Brooksville, FL</b>	
City & State <b>34604</b>		City & State <b>34604</b>	
Zip <b>34604</b>		Country <b>Hernando/USA</b>	
Country <b>USA</b>		Zip <b>34604</b>	
6. Name and Address of Current Registered Agent  <b>RICHES, STELLA 3032 CONIFER DRIVE LARGO, FL 33771</b>		7. Name and Address of New Registered Agent Name <b>Stella Riches</b> Street Address (P.O. Box Number is Not Acceptable) <b>458 Sea Holly Drive</b> City <b>Brooksville</b> <b>FL</b> Zip Code <b>34604</b>	
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P RICHES, STELLA 3032 CONIFER DRIVE LARGO, FL 33771</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
<b>SIGNATURE:</b> <u>Stella Riches</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>4/15/08 (352)848-1033</u> <small>Date Daytime Phone #</small>	