2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2009
Secretary of State

DOCUMENT# S93066

Entity Name: DAVID L. RICHARDS, P.A.

Current Principal Place of Business:

55 NORTH 4TH STREET, SUITE 103
POST OFFICE BOX 320860
COCOA BEACH, FL 32932

New Principal Place of Business:

55 NORTH 4TH STREET, SUITE 103
SUITE # 103
COCOA BEACH, FL 329312965

Current Mailing Address:

55 NORTH 4TH STREET, SUITE 103
POST OFFICE BOX 320860
COCOA BEACH, FL 32932

New Mailing Address:

55 NORTH 4TH STREET, SUITE 103
SUITE# 103
COCOA BEACH, FL 329312965

FEI Number: 59-3097425 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAVID, RICHARDS L PRES
55 N. 4TH STREET SUITE 103
COCOA BEACH, FL 329312965 US

Name and Address of New Registered Agent:

DAVID, RICHARDS L PRES
55 N. 4TH STREET SUITE 103
SUITE# 103
COCOA BEACH, FL 329312965 US

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.

SIGNATURE: _____ 01/09/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: RICHARDS, DAVID L.,
Address: 55 NORTH 4TH ST., S-103
City-St-Zip: COCOA BEACH, FL

Title: DVP ( ) Delete
Name: RICHARDS, DOUGLAS A.
Address: 585 ELLIOTT DR
City-St-Zip: MERRITT ISLAND, FL 32953

Title: DS ( ) Delete
Name: RICHARDS, PAULA L.
Address: 55 N. 4TH ST., SUITE 103
City-St-Zip: COCOA BEACH, FL

Title: DSVP ( ) Delete
Name: CHAPMAN, SUSAN LEE
Address: 4650 KNOXVILLE AVENUE
City-St-Zip: COCOA, FL 32926

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID L. RICHARDS PRES 01/09/2009
Electronic Signature of Signing Officer or Director — Date