

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2004 08:00 AM
Secretary of State

DOCUMENT # V01850 1. Entity Name TOM RICHARDS, INC.	
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Principal Place of Business 28059 US HWY 19 NORTH SUITE 100 CLEARWATER, FL 33761	Mailing Address 28059 US HWY 19 NORTH SUITE 100 CLEARWATER, FL 33761
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DO NOT WRITE IN THIS SPACE



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number 34-1257334	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BURKE, ROBERT C JR
28059 U.S. HWY 19 NORTH, SUITE 100
CLEARWATER, FL 33761

**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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

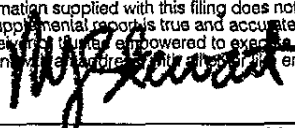
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U000000073935 03/02/04 80057-012 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS RICHARDS, TOM 36750 US HWY 19 N., UNIT #2056-58 PALM HARBOR, FL 34684
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RICHARDS, SUSAN 36750 US HWY 19 N., UNIT #2056-58 PALM HARBOR, FL 34684
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO STEWART, MICHAEL J 7010 LINDSEY DRIVE MENTOR, OH 44060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 exemption stated in Section 119.07(3)(i), 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 thereof, and that I am 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 thereto, and that I am empowered to execute this report.

SIGNATURE:  1/24/2004 440-974-1300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #