2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2005 08:00 AM
Secretary of State

DOCUMENT # V01850

1. Entity Name
TOM RICHARDS, INC.

Principal Place of Business	Mailing Address
28059 US HWY 19 NORTH SUITE 100 CLEARWATER, FL 33761	28059 US HWY 19 NORTH SUITE 100 CLEARWATER, FL 33761

01142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. *Election Campaign Financing Trust Fund Contribution.* ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VPS
NAME	RICHARDS, TOM
STREET ADDRESS	36750 US HWY 19 N., UNIT #2056-58
CITY-ST-ZIP	PALM HARBOR, FL 34684
TITLE	T
NAME	RICHARDS, SUSAN
STREET ADDRESS	36750 US HWY 19 N., UNIT #2056-58
CITY-ST-ZIP	PALM HARBOR, FL 34684
TITLE	PCEO
NAME	STEWART, MICHAEL J
STREET ADDRESS	7010 LINDSEY DRIVE
CITY-ST-ZIP	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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03/08/05-80018-007 150.00

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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 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: Michael Stewart 2-3-05 440-974-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #