2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2006 8:00 am
Secretary of State
05-31-2006 90009 049 ***150.00

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05112006 Chg-P CR2E034 (11/05)

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

2. Principal Place of Business	3. Mailing Address
412 E Tarpon Avenue	412 E Tarpon Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tarpon Springs FL	City & State: Tarpon Springs FL
Zip: 34589 Country: USA	Zip: 34689 Country: USA

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

7. Name and Address of New Registered Agent

Name: Robert C Burke Jr
Street Address (P.O. Box Number is Not Acceptable): 412 E Tarpon Avenue
City: Tarpon Springs FL Zip Code: 34689

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] 05/12/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 6, 2006

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS RICHARDS, TOM 36750 US HWY 19 N., UNIT #2056-58 PALM HARBOR, FL 34684	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RICHARDS, SUSAN 36750 US HWY 19 N., UNIT #2056-58 PALM HARBOR, FL 34684	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO STEWART, MICHAEL J 7010 LINDSEY DRIVE MENTOR, OH 44060	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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.

SIGNATURE: [signature] MICHAEL J. STEWART PRESIDENT 440-974-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #