

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2006 8:00 am
Secretary of State

05-31-2006 90009 049 ***150.00

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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50020002

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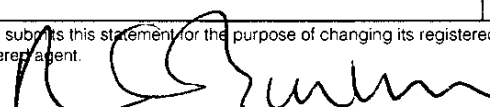


05112006 Chg-P CR2E034 (11/05)

4. FEI Number 34-1257334	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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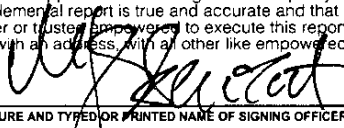
6. Name and Address of Current Registered Agent BURKE, ROBERT C JR 28059 U.S. HWY 19 NORTH, SUITE 100 CLEARWATER, FL 33761	7. Name and Address of New Registered Agent Name Robert C Burke Jr Street Address (P.O. Box Number is Not Acceptable) 412 E Tarpon Avenue City Tarpon Springs FL Zip Code 34689
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8. 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: 05/12/06 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
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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.
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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.
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SIGNATURE:  PRESIDENT	440-974-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #