

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2004 08:00 AM
Secretary of State

DOCUMENT # V07865 1. Entity Name CLEMRICH, INC.			
Principal Place of Business P.O. BOX 1747 ORANGE PARK, FL 32067		Mailing Address P.O. BOX 1747 ORANGE PARK, FL 32067	
DO NOT WRITE IN THIS SPACE			
4. FEI Number 59-3108517		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RICHARDSON, ROLAND S 10142 WINDWARD WAY NORTH JACKSONVILLE, FL 32204		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  DATE 1/15/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
FILE NOW! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RICHARDSON, ROLAND S 10142 WINDWARD WAY N JACKSONVILLE, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CLEMONS, JAMES L 4538 ORTEGA FOREST DRIVE JACKSONVILLE, FL 32210		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NICHOLS, JOHN 1329 KINGSLEY AVENUE, SUITE D ORANGE PARK, FL 32073		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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: 		1/15/04 904-264-1665 Date Daytime Phone #	