

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90041 042 ***150.00

DOCUMENT # M91794

1. Entity Name
R.A. PRICHARD INC



Principal Place of Business
**6177 COUNTRY FAIR CIRCLE
BOYNTON BEACH, FL 33437**

Mailing Address
**6177 COUNTRY FAIR CIRCLE
BOYNTON BEACH, FL 33437**

2. Principal Place of Business
400 NW 12 STREET
Suite, Apt. #, etc.

3. Mailing Address
400 NW 12 STREET
Suite, Apt. #, etc.



03312004 Chg-P CR2E034 (10/03)

City & State
DELRAY BEACH, FL
Zip
33444
Country
USA

City & State
DELRAY BEACH, FL
Zip
33444
Country
USA

4. FEI Number
65-0111985
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ROBERT ANDREW PRICHARD
6177 COUNTRY FAIR CIR.
BOYNTON BEACH, FL 33437**

7. Name and Address of New Registered Agent

Name
ROBERT ANDREW PRICHARD
Street Address (P.O. Box Number is Not Acceptable)
400 NW 12 STREET
City
DELRAY BEACH FL Zip Code
33444

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 **ROBERT ANDREW PRICHARD** **3-31-04**
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
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRICHARD, ROBERT ANDREW 6177 COUNTRY FAIR CIRCLE BOYNTON BEACH, FL 33437	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 400 NW 12 STREET DELRAY BEACH, FL 33444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **ROBERT ANDREW PRICHARD**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-04 **561704-4804**
Date Daytime Phone #