## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

	ANNUAL A	EPORT (A	₹)	FILED	
1. Entity Nan				Apr 23, 2005 08:0 Secretary of Sta	
R.A. PRIC	CHARD INC				
Principal Plac	ce of Business	Mailing Address			
400 NW 12 STREET DELRAY BEACH FL 33444		400 NW 12 STREET DELRAY BEACH FL	- 33444		
				Transport for the street four bodies from block drafts broth block dra	elf Bibli Biblindar ir Jeni:
2. Principal Place of Business		3. Mailing Address			
Suite, Apt #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E034 (10/04)	
City & State		City & State		4. FEI Number 65-0111985	Applied For
Zip Country		Zip Country		5 Contificate of Status Desired   \$8.	Not Applicate  75 Additional
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agen	Required t
			Name		<del>=</del> -
400	BERT ANDREW PRICHARD NW 12 STREET LRAY BEACH FL 33444		Street Address	dress (P.O. Box Number is Not Acceptable)	
			City	FL 2	Zip Code
8. The above	named entity submits this statement for	or the purpose of changing I	ts registered office or regist	ered agent, or both, in the State of Florida. I am famili	ar with, and accep
the obligat	tions of registered agent.				
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable (NC	TE Registered Agent signature requir	ed when romatating) DATE	
F	TLE NOW!!! FEE IS \$150,00			9. Election Campaign Financing	<b>\$5.00</b> мау Р
	May 1, 2005 Fee Will Be \$550.00 k Payable to Florida Department o			Trust Fund Contribution.	Added to Fees
10.	OFFICERS AND	ALCOHOL .	_ 11.	ADDITIONS/CHANGES TO OFFICERS AND DIR	ECTORS IN 1
TITLE	PD	☐ Delete	HILE		Change Addition
NAME	PRICHARD, ROBERT ANDREW		NAME	U00000325371 04/23/05-80012-022 1	
STREET ADDRESS CITY-ST-ZIP	400 NW 12 STREET  DELRAY BEACH FL 33444		STREET ADDRESS CHY-ST-INP	04/23/05-80012-022 1	50.00
TITLE		☐ Delete	BILE		Change
NAME			NAME		
STREET ADDRESS City ST-ZIP			CITYLET ADDRESS  CITYLET ZIP		
TITLE		☐ Delete	TULE	П	Change
NAME			NAME		
STREET ADDRESS			STREET ADDRECS		
CITY-ST-ZIF			CITY-SI-7IP		
MILE		☐ Delete	THE		Change Addition
NAME STREET ADDRESS			NAME STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	UTLE		Change
NAME			NAME	_	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CHY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	
TITLE		☐ Delete	TITLE NAME		Change
NAME STREFT ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY-\$T-ZIP		
<b>12.</b> hereby o	certify that the information supplied with	this filing does not qualify for	or the exemption stated in S	Section 119.07(3)(i), Florida Statutes. I further certify the	at the information
indicated of the cor changed,	on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an address,	strue and accurate and that owered to execute this repor with all other like empowered	my signature shall have the t as required by Chapter 60 d.	e same legal effect as if made under oath; that I am an 07, Florida Statutes; and that my name appears in Bloo	officer or director

SIGNATURE: ROBAT ANDREW TELCHARD 1-19-05 5H-764-4804
SIGNATURE and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Description Proce 8