


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # G15848**  
 1<sup>st</sup> Entity Name  
**BETHSAIDA, INC.**



Principal Place of Business      Mailing Address  
**4315 HAMILTON RD      4315 HAMILTON RD**  
**LAKELAND, FL 33811      LAKELAND, FL 33811**

**DO NOT WRITE IN THIS SPACE**



01052006    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>59-2273898</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

**FORTNER, W. RAY**  
**422 SOUTH FLORIDA AVE.**  
**LAKELAND, FL 33802**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	1100000403182 02/03/06-80038-013 150.00
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**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RITCHEY, DAVID A. 4309 HAMILTON ROAD LAKELAND, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS RITCHEY, JULIA A. 4309 HAMILTON ROAD LAKELAND, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

**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:** David A. Ritchey    **DAVID A. RITCHEY**    1-27-06    863  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #