

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17000064752

Entity Name: KATHRYN L. RITCHIE, P.A.**Current Principal Place of Business:**1009 WEST CLEVELAND STREET
TAMPA, FL 33606**Current Mailing Address:**1009 WEST CLEVELAND STREET
TAMPA, FL 33606 US**FEI Number:** 82-2371365**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RITCHIE, KATHRYN L
1009 W. CLEVELAND STREET
TAMPA, FL 33606 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	RITCHIE, KATHRYN L
Address	1009 WEST CLEVELAND STREET
City-State-Zip:	TAMPA FL 33606

Title	VP
Name	RITCHIE, KATHRYN L
Address	1009 WEST CLEVELAND STREET
City-State-Zip:	TAMPA FL 33606

Title	S
Name	RITCHIE, KATHRYN L
Address	1009 WEST CLEVELAND STREET
City-State-Zip:	TAMPA FL 33606

Title	T
Name	RITCHIE, KATHRYN L
Address	1009 WEST CLEVELAND STREET
City-State-Zip:	TAMPA FL 33606

Title	D
Name	RITCHIE, KATHRYN L
Address	1009 WEST CLEVELAND STREET
City-State-Zip:	TAMPA FL 33606

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KATHRYN L. RITCHIE**PRESIDENT****01/30/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date