

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 08:00 A
Secretary of State

DOCUMENT # 418908		
1. Entity Name RICHARD P. RITA PERSONNEL SERVICES OF TAMPA INC.		
Principal Place of Business 5150 SO FLORIDA AVE BLDG B LAKELAND, FL 33813 US	Mailing Address P O BOX 6955 LAKELAND, FL 33807 US	



04142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1478210	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

DAYVAULT, JAMES C
5328 GLENMORE DR
LAKELAND, FL 33813

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	DATE 04/29/08-80003-021 150.00
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10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DAYVAULT, JAMES C.
STREET ADDRESS	5328 GLENMORE DR.
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	DVP
NAME	HAMES, SUSAN D
STREET ADDRESS	914 SUCCESS AVE
CITY-ST-ZIP	LAKELAND, FL 33803
TITLE	DVP
NAME	DAYVAULT, MARTHA
STREET ADDRESS	5328 GLENMORE DR
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	DVP
NAME	HAMES, J. RICHARD JR
STREET ADDRESS	914 SUCCESS AVE
CITY-ST-ZIP	LAKELAND, FL 33803
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: James C Dayvault James C DAYVAULT 4/14/08 863-646-5021
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #