2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 418912

FILED Apr 25, 2004 Secretary of State

Entity Name: AL RITTER CONSTRUCTION CO INC

Entity Nar	me: ALRIITE	R CONSTRUCTION CO INC			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	ELICAN COVE CIE, FL 34986	US			
Current M	lailing Addres	s:	New Mailing Addres	ss:	
	ELICAN COVE CIE, FL 34986	US			
FEI Number:	: 59-1452059	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
	ROSEMARY L ELICAN COVE				
PT ST LUC	OIE, FL 34986				
PT ST LUC	,	ubmits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,	
PT ST LUC The above in the State	named entity s e of Florida.	ubmits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,	
PT ST LUC The above in the State	named entity s e of Florida. RE:	ubmits this statement for the place in the place is stated and the place is stated and the place is the place is stated and the place is the place i		ed office or registered agent, or both, Date	
PT ST LUC The above in the State SIGNATUF	named entity see of Florida. RE: Electroni				
PT ST LUC The above in the State SIGNATUF Election Car	named entity see of Florida. RE: Electroni	ic Signature of Registered Ago	ent		
PT ST LUCTON STATE STATE PROPERTY THE STATE SIGNATURE SI	named entity set of Florida. RE: Electronic mpaign Financing	ic Signature of Registered Ago Trust Fund Contribution (). FORS: Delete MARY, N COVE	ent	Date	
PT ST LUC The above in the State SIGNATUF Election Car OFFICERS Title: Name: Address:	e named entity see of Florida. RE: Electronic mpaign Financing S AND DIRECT ST () RITTER,ROSEM 764 SW PELICA PT ST LUCIE, F	ic Signature of Registered Agr Trust Fund Contribution (). FORS: Delete MARY, NN COVE L Delete IT J NN COVE	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR	

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ROSEMARY L RITTER ST 04/25/2004