


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 24, 2005 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # F97000000053 |  |
| 1. Entity Name DASH GROUP OF PA., INC. | |

| | |
|--|--|
| Principal Place of Business 1083 N COLLIER BLVD PMB 345 MARCO ISLAND FL 34145-2539 | Mailing Address 1083 N COLLIER BLVD PMB 345 MARCO ISLAND FL 34145-2539 |
|--|--|

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



1st MOORE CR2E034 (10/04)

4. FEI Number **23-2205184** Applied For Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**RITCHIE, ELAINE
1083 N COLLIER BLVD
PMB 345
MARCO ISLAND FL 34145-2539**

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ **FL** Zip Code _____

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 *Elaine Ritchie, President* DATE *1-18-05*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when terminating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be Added to Fees**
Trust Fund Contribution ☐

| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
|----------------------------|----------------------------|---------------------------------|--|---|--|---|--|
| TITLE | PDC | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | RITCHIE, ELAINE G | | | NAME | | | |
| STREET ADDRESS | 1083 N COLLIER BLVD | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | MARCO ISLAND FL 34145-2539 | | | CITY-ST-ZIP | | | |
| TITLE | VST | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | RITCHIE, JOHN C | | | NAME | | | |
| STREET ADDRESS | 1083 N COLLIER BLVD | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | MARCO ISLAND FL 34145-2539 | | | CITY-ST-ZIP | | | |
| TITLE | DC | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | RITCHIE, JOHN C | | | NAME | | | |
| STREET ADDRESS | 1083 N COLLIER BLVD | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | MARCO ISLAND FL 34145-2539 | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Elaine Ritchie, President* *1-18-05 239642/44*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #