

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006 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



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 23-2205184	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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

**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.

*NO
Changes*

SIGNATURE *Elaine Ritchie*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-6-06

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PDC
RITCHIE, ELAINE G
1083 N COLLIER BLVD
MARCO ISLAND, FL 341452539

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VST
RITCHIE, JOHN C
1083 N COLLIER BLVD
MARCO ISLAND, FL 341452539

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DC
RITCHIE, JOHN C
1083 N COLLIER BLVD
MARCO ISLAND, FL 341452539

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

01/10/06 80003-005 150.00

**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:

Elaine Ritchie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Resided 1-6-06 800 670 1664

Date

Daytime Phone #