

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 25, 2007 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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE CR2E034 (10/06)

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

7. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
PDC
RITCHIE, ELAINE G ☐ Delete

STREET ADDRESS
CITY ST ZIP
1083 N COLLIER BLVD
MARCO ISLAND FL 34145-2539

TITLE
NAME
VST
RITCHIE, JOHN C ☐ Delete

STREET ADDRESS
CITY ST ZIP
1083 N COLLIER BLVD
MARCO ISLAND FL 34145-2539

TITLE
NAME
DC
RITCHIE, JOHN C ☐ Delete

STREET ADDRESS
CITY ST ZIP
1083 N COLLIER BLVD
MARCO ISLAND FL 34145-2539

TITLE
NAME
☐ Delete

STREET ADDRESS
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STREET ADDRESS
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TITLE
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TITLE
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STREET ADDRESS
CITY ST ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-22 07 2396821441