

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000006649

**FILED  
Jun 01, 2004  
Secretary of State**

**Entity Name:** RITA HOUSING PROJECTS, INC.

**Current Principal Place of Business:**

20661 PINE TREE LN.  
ESTERO, FL 33928

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1420  
ESTRO, FL 33928

**New Mailing Address:**

PO BOX 921  
BONITA SPRINGS, FL 334133

FEI Number: 57-1179161

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HAYNES, CARMEN  
20661 PINE TREE LN.  
ESTERO, FL 33928 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HAYNES, CARMEN  
Address: 2365 RT 84  
City-St-Zip: KINGSVILLE, OH 33928

Title: VPT ( ) Delete  
Name: WALKER, PAULA  
Address: 10271 RIVER DR  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: HAYNES, CARMEN  
Address: 2365 SOUTH RIDGE ROAD EAST  
City-St-Zip: ASHTABULA, OH 44004

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T/S ( ) Change (X) Addition  
Name: WALKER, DALE C  
Address: PO BOX 921  
City-St-Zip: BONITA SPRINGS, FL 34133

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALKER DALE C

T/S

06/01/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date