## FILED Aug 30, 2004 08:00 AM Secretary of State

## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

| 1. Entity Name<br>THE E. RI   | TTER CORPORATION  |   |                                   |                               |               |   |  |
|---|---|---|-----------------------------------|-------------------------------|---------------|---|--|
|   | TRILBY RD. F  | ailing Address<br>PO BOX 157<br>IROOKSVILLE, FL 34605 |                                   | :                             |               |   |  |
| D   | O NOT WRITE II  | Œ   | 08262004<br>4. FEI Numb<br>59-362 | et                            | CR2E034 (10/0 | Applied For<br>Not Applicable<br>Additional |  |
| 6. Name and Address of Current Registered Agent RITTER, EDWARD E 27400 OLD TRILBY RD. BROOKSVILLE, FL 34602-7952  |   |   |                                   | DO NOT WRITE<br>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 ubligations of registered gent.  Signature typed or primes reme of registered gent and select applicable.  (NOTE Registered Agent algorithm revisitable)  Out.   |   |   |                                   |                               |               |   |  |
| Due by September 8, 2004 Trust Fund Contribution. Q Added   |   |   |                                   | .00 May 8s<br>led to Fees     | 115.5         |   |  |
| 10.  ITTLE NAME STREET ADDRESS CITY ST ZIP TITLE NAME STREET ADDRESS CITY ST ZIP  | PD RITTER, EDWARD E 27400 OLD TRILBY RD. BROOKSVILLE, FL 346027952 V SMITH, JOANNE 3401 RIDERWOOD DRIVE DADE CITY, FL 33523 | CTORS   |                                   |                               | 08/30/        | :040-7775:<br>'04-80005-                    | -020 550.00  |
| THRE NAME STREET ADDRESS CITY ST-ZIP  |   |   |                                   | DO                            | NOT W         | RITE  | consideration  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST. ZIP   |   |   |                                   | IN                            | THIS SP       | ACE   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-71P  |   |   |                                   |                               | •             | ,   | ANAMANANANANANANANANANANANANANANANANANA  |
| TALE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP   | -   |   |                                   | 1                             |               | . 4   | - The second sec |
| 12. Thereby cereify that the information supplied with this filling does not qualify 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 signature shall have the same legal effect as if made under outh, that I am an officer or director of the corporation or the receiver or true true among the property of the corporation or the receiver or true true among the property of the corporation or the receiver or true true among the property of the corporation of the receiver or true true among the property of the corporation of the corporation of the corporation of the receiver of the corporation of |   |   |                                   |                               |               |   |  |
| SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAKE TO DAY. TIT-642-8245  |   |   |                                   |                               |               |   |  |