

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90096 033 ***150.00

DOCUMENT # P00000032502					
1. Entity Name THE E. RITTER CORPORATION					
Principal Place of Business 27400 OLD TRILBY RD. BROOKSVILLE, FL 34602-7952			Mailing Address PO BOX 157 BROOKSVILLE, FL 34605		
2. Principal Place of Business - No P.O. Box # 1071 CANDLELIGHT BLVD		3. Mailing Address			
Suite, Apt. #, etc. APT F87		Suite, Apt. #, etc.			
City & State BROOKSVILLE FL		City & State		4. FEI Number 59-3621441	
Zip 34601		Country HERNANDO		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RITTER, EDWARD E 27400 OLD TRILBY RD. BROOKSVILLE, FL 34602-7952			7. Name and Address of New Registered Agent Name RITTER EDWARD E Street Address (P.O. Box Number is Not Acceptable) 1071 CANDLELIGHT BLVD APT F87 City BROOKSVILLE FL Zip Code 34601		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RITTER, EDWARD E 27400 OLD TRILBY RD. BROOKSVILLE, FL 346027952 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RITTER EDWARD E 1071 CANDLELIGHT BLVD APT F87 BROOKSVILLE FL 34601 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SMITH, JOANNE 3401 RIDERWOOD DRIVE DADE CITY, FL 33523 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:			1/16/07 727-642-8265		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		