

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2006 8:00 am**  
**Secretary of State**

03-24-2006 90036 024 \*\*\*150.00

<b>DOCUMENT # P00000058346</b>	
1. Entity Name <b>RITEWAY CONSTRUCTION COMPANY INC.</b>	

Principal Place of Business <b>2944 SE DALHART RD. PORT SAINT LUCIE, FL 34952</b>	Mailing Address <b>2944 SE DALHART RD. PORT SAINT LUCIE, FL 34952</b>
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**50005403**

2. Principal Place of Business <b>12333 BRUCE HUNT Rd CLERMONT FL</b>	3. Mailing Address <b>12333 BRUCE HUNT Rd CLERMONT FL</b>
Suite, Apt. #, etc. <b>CLERMONT FL</b>	Suite, Apt. #, etc. <b>CLERMONT FL</b>
City & State <b>34715</b>	City & State <b>34715 LK County</b>
Zip <b>USA</b>	Country <b>USA</b>



01232006 Chg-P CR2E034 (11/05)

4. FEI Number <b>65-1017307</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>SPRAUER, GARY 2944 SE DALHART RD. PORT SAINT LUCIE, FL 34952</b>	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE <b>P</b>	<input type="checkbox"/> Delete
NAME <b>SPRAUER, GARY</b>	
STREET ADDRESS <b>2944 SE DALHART RD.</b>	
CITY-ST-ZIP <b>PORT SAINT LUCIE, FL 34952</b>	
TITLE <b>VP</b>	<input type="checkbox"/> Delete
NAME <b>SPRAUER, PATRICIA L</b>	
STREET ADDRESS <b>2944 SE DALHART RD.</b>	
CITY-ST-ZIP <b>PORT SAINT LUCIE, FL 34952</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>GARY SPRAUER</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>12333 BRUCE HUNT Rd</b>	
STREET ADDRESS <b>CLERMONT FL 34715</b>	
CITY-ST-ZIP	
TITLE <b>PATRICIA SPRAUER</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>12333 BRUCE HUNT Rd</b>	
STREET ADDRESS <b>CLERMONT FL 34715</b>	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:** *Patricia Sprauer* **PATRICIA SPRAUER** **3-20-06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**352-291-8742**

AMENDMENT 50005403  
#P00000058346

Charge of Address as of 3-12-06

Riteway Construction Co. Inc.

new address.

12333 Bruce Hunt Rd.  
Clermont, Fl. 34715  
352-241-8742

FEI # 65-1017307