


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90071 038 ***150.00

DOCUMENT # P01000034890

1. Entity Name
 RIETH & RITCHIE, P.A.



Principal Place of Business Mailing Address

101 EAST KENNEDY BOULEVARD 101 EAST KENNEDY BOULEVARD
 BANK OF AMERICA PLAZA #2430 BANK OF AMERICA PLAZA #2430
 TAMPA, FL 33602 TAMPA, FL 33602



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

1009 West Cleveland St. 1009 West Cleveland Street

Suite, Apt. #, etc. Suite, Apt. #, etc.

01082007 Chg-P CR2E034 (12/06)

City & State City & State

Tampa Fl. 33606 Tampa, Fl 33606

Zip Country Zip Country

33606 33606

4. FEI Number Applied For

59-3709334 Not Applicable

6. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RIETH, DAVID M
 101 EAST KENNEDY BOULEVARD
 BANK OF AMERICA PLAZA #2430
 TAMPA, FL 33602

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
 1009 West Cleveland Street

City State Zip Code

Tampa FL 33606

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.

Address

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing \$5.00 May Be Added to Fees

Trust Fund Contribution.

10. OFFICERS AND DIRECTORS	
TITLE	DPST <input type="checkbox"/> Delete
NAME	RIETH, DAVID M
STREET ADDRESS	101 EAST KENNEDY BLVD #2430
CITY - ST - ZIP	TAMPA, FL 33602
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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1009 West Cleveland Street
CITY - ST - ZIP	TAMPA, FL 33606
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	
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:  DAVID M. RIETH Date: 1/8/2007 Daytime Phone #: 813-472-7333