

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90090 001 ***300.00

DOCUMENT # P01000105906					
1. Entity Name RITTER ENTERPRISES OF CENTRAL FLORIDA, INC.					
Principal Place of Business 53 SO. MAGNOLIA AVE. OCALA, FL 34474			Mailing Address 53 SO. MAGNOLIA AVE. OCALA, FL 34474		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 731 SE 2ND ST.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State OCALA FLORIDA		4. FEI Number 59-3753943	
Zip		Zip 34471		Country USA	
6. Name and Address of Current Registered Agent RITTER, SCOTT K 53 SO. MAGNOLIA AVE. 731 SE 2ND ST OCALA, FL 34474 OCALA, FLORIDA 34471				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 \$550.00 Due by September 14, 2007			9. Election Campaign Financing Trust Fund Contribution. <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	PSTD RITTER, SCOTT K 720 S.E. FT. KING STREET OCALA, FL 34471		TITLE NAME STREET ADDRESS CITY-ST-ZIP	731 SE 2ND ST OCALA, FLORIDA 34471	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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	
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:			SCOTT K RITTER PRESIDENT		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 05/01/07 352-427-1142		

ATTACHMENT

66013331

Richard A. Spahn & Associates, P.A.

Accounting and Tax Consultants

Pine Lake Professional Center
10400 Griffin Road
Suite 304B
Cooper City, FL 33328
Tel: (954) 680-8122

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Tel: (352) 351-1216

Professional Building
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Dunnellon, FL 34432
Tel: (352) 489-6553

FAX: (352) 489-1572

E-MAIL: dispahn@bellsouth.net

MAY104702007

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DEAR MADAM/SIR:

RE: RITTER ENTERPRISES OF
CENTRAL FLORIDA, INC.
DOC# P 01000105906

GREAT TRIMS, SPORTS &
A HAIRCUT, INC.
DOC# P06000068453

MY CLIENT CAME INTO MY OFFICE TODAY WITH THE
POST CARDS FROM THE ABOVE REFERRED TO CORPORATIONS WHICH HAD
BEEN HELD UP BY THE POSTOFFICE FOR SEVERAL MONTHS PENDING
DELIVERY TO MY NEW ADDRESS WHICH WAS NOT SET UP TO RECEIVE
MAIL UNTIL THE LAST WEEK.

MY CLIENT ASKED MY TO WRITE TO YOUR OFFICE REQUESTING
AN ABATEMENT OF THE PENALTY ASSESSMENT AMOUNT OF \$400.00 FOR EACH
CORPORATION.

ON BEHALF OF THE CLIENT I AM RESPECTFULLY REQUESTING
AN ABATEMENT OF THESE PENALTY AMOUNTS FOR THE CHANGE OF ADDRESS
SITUATION.

SINCERELY,

