

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 28, 2008 08:00 AM
Secretary of State**

DOCUMENT # P02000045671

1. Entity Name

RITCHEY'S TRUCK REPAIR, INC.



Principal Place of Business

2040 INDUSTRIAL PARK RD
MULBERRY, FL 33860

Mailing Address

2040 INDUSTRIAL PARK RD
MULBERRY, FL 33860



04202008

No Chg-P

CR2E034 (11/05)

4. FEI Number
01-0674458

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RITCHEY, KAREN
2040 INDUSTRIAL PARK RD.
MULBERRY, FL 33860

**DO NOT WRITE
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 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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000927341
05/20/08-80102-006 150.00

10. OFFICERS AND DIRECTORS

TITLE VP
NAME RITCHEY, KAREN A
STREET ADDRESS 2040 INDUSTRIAL PARK RD.
CITY-ST-ZIP MULBERRY, FL 33860

TITLE P
NAME RITCHEY, BRUCE A
STREET ADDRESS 2040 INDUSTRIAL PARK RD
CITY-ST-ZIP MULBERRY, FL 33860

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

KAREN A. RITCHEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-08

Date

863-425-0888

Daytime Phone #