2004 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P03000073037 01-26-2004 90001 036 ***150.00 RITTER'S TRUCKING AND EXCAVATING, INC. Principal Place of Business Mailing Address 11136 RHODINE RD P.O. BOX 1457 RIVERVIEW, FL 33568 RIVERVIEW, FL 33568 2. Principal Place of Business 3. Mailing Address P.O. BOX 1457 11136 Rhodine Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 01152004 City & State Applied For City & State 4. FEI Number RIVERVIEW Riverview FL FL. Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33568 33569 Hillsborough fillsborough Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RITTER, MELISSA L Street Address (P.O. Box Number is Not Acceptable) 11136 RHODINE RD RIVERVIEW, FL 33568 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE □ Delete TITLE ☐ Change Addition RITTER, MELISSA L NAME NAME STREET ADDRESS 11136 RHODINE RD STREET ADDRESS CITY-ST-ZIP RIVERVIEW, FL 33568 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ■ Addition NAME RITTER, GERALD H NAME STREET ADDRESS 11136 RHODINE RD. STREET ADDRESS RIVERVIEW, FL 33568 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TITLE TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

FILED

Jan 26, 2004 8:00 am