


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # PD3000128810	
1. Entity Name Ritter Framing, Inc	

FILED
04 AUG 20 AM 9:28
SECRETARY OF STATE
TALLAHASSEE, FL 32399

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Palm Coast FL		3. Mailing Address 42 Shinnecock Dr	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Palm Coast, FL		City & State Palm Coast FL	
Zip 32137	Country	Zip 32137	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 27-0077277		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name John Ritter	
	Street Address (P.O. Box Number is Not Acceptable) 42 Shinnecock Dr	
	City Palm Coast	FL Zip Code 32137

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 _____ DATE **7-15-04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P John Ritter 42 Shinnecock Dr Palm Coast FL 32137	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Robert A. Radivo 52 Pony Express Palm Coast FL 32137	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700040776197 09/02/04--01032--011 **550.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Lisa Ann Fusco 42 Shinnecock Dr Palm Coast FL 32137	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **7-15-04** **386-246-5241**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)