

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90018 025 ***150.00

DOCUMENT # P03000152745

1. Entity Name

RITTENHOUSE RENOVATIONS, INC.



Principal Place of Business

285 EAST TOWNE PLACE
TITUSVILLE FL 32796

Mailing Address

285 EAST TOWNE PLACE
TITUSVILLE FL 32796



2. Principal Place of Business

5145 Bridge Rd

Suite, Apt. #, etc.

3. Mailing Address

5145 Bridge Rd.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

Cocoa FL

City & State

Cocoa FL

4. FEI Number

90-0137877

Applied For

Not Applicable

Zip

32927

Country

USA

Zip

32927

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RITTENHOUSE, JON S MR.
285 EAST TOWNE PLACE
TITUSVILLE FL 32796

7. Name and Address of New Registered Agent

Name

MR. JON S Rittenhouse

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

5145 Bridge

City

Cocoa

FL

Zip Code

32927

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

Jon S. Rittenhouse X Jon S. Rittenhouse 03/20/06

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reactivating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	RITTENHOUSE, JON S PRES	
STREET ADDRESS	285 EAST TOWNE PLACE	
CITY-ST-ZIP	TITUSVILLE FL 32796	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RITTENHOUSE, CINDY A VICE	
STREET ADDRESS	6465 ABISCO ROAD	
CITY-ST-ZIP	COCOA FL 32927	
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jon S. Rittenhouse	
STREET ADDRESS	5145 Bridge Rd.	
CITY-ST-ZIP	Cocoa, FL 32927	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ricki Rittenhouse	
STREET ADDRESS	5145 Bridge Rd.	
CITY-ST-ZIP	Cocoa, FL 32927	
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 Section 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: X

Jon S. Rittenhouse
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JON S. RITTENHOUSE

03/20/06

Date

321-917-005B

Daytime Phone #