

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90131 041 ***150.00

DOCUMENT # P04000009061 1. Entity Name RITEWAY CREDIT CORP			
Principal Place of Business 100 FIRST AVENUE SOUTH SUITE 215 ST. PETERSBURG, FL 33701		Mailing Address 100 FIRST AVENUE SOUTH SUITE 215 ST. PETERSBURG, FL 33701	
2. Principal Place of Business <i>1059 Meadow Breeze</i> Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Sarasota Fla Zip 34240 Country USA		City & State Fla Zip Country	
4. FEI Number NOT APPLICABLE		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARRINGTON, D J 100 FIRST AVENUE 215 ST. PETERSBURG, FL 33701		7. Name and Address of New Registered Agent Name HARRINGTON, D.J. Street Address (P.O. Box Number is Not Acceptable) 1059 Meadow Breeze Ln. Sarasota, FL 34240	
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 <i>D.J. Harrington</i> (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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	P HARRINGTON, DENNIS J 100 FIRST AVE. SUITE 215 ST. PETERSBURG, FL 33701	TITLE NAME STREET ADDRESS CITY-ST-ZIP	HARRINGTON DENNIS J 1059 MEADOW BREEZE LN SARASOTA, FLA 34240
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
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>D.J. Harrington</i> April 24 2005 541-377-0775 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			