

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000037525

FILED
Feb 29, 2008
Secretary of State

Entity Name: RITZCRAFT SWIM SPAS INC

Current Principal Place of Business:

3812 B US HWY 301 N
ELLENTON, FL 34222 US

New Principal Place of Business:

Current Mailing Address:

3812 B US HWY 301 N
ELLENTON, FL 34222 US

New Mailing Address:

FEI Number: 20-0782041

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIBBS, DANNY M
2909 WILDERNESS BLVD W
PARRISH, FL 34219 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P,D () Delete
Name: GIBBS, DANNY M
Address: 2909 WILDERNESS BLVD W
City-St-Zip: PARRISH, FL 34219 US

Title: VP,D () Delete
Name: GIBBS, GULIZ M
Address: 2909 WILDERNESS BLVD W
City-St-Zip: PARRISH, FL 34219 US

Title: TRES () Delete
Name: GIBBS, GULIZ M
Address: 2909 WILDERNESS BLVD W
City-St-Zip: PARRISH, FL 34219 US

Title: SEC () Delete
Name: GIBBS, DANNY M
Address: 2909 WILDERNESS BLVD W
City-St-Zip: PARRISH, FL 34219 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GULIZ M. GIBBS

VPD

02/29/2008

Electronic Signature of Signing Officer or Director

Date