


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 15, 2005 8:00 am**  
**Secretary of State**

03-15-2005 90019 027 \*\*\*150.00

<b>DOCUMENT # P04000130242</b>					
1. Entity Name RITA PIKE INC					
Principal Place of Business 3738 CHEROKEE VILLA LANE JACKSONVILLE, FL 32277 US			Mailing Address P O BOX 15126 JACKSONVILLE, FL 32239 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>20-1600646</b>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PIKE, RITA 3738 CHEROKEE VILLA LANE JACKSONVILLE, FL 32246			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PRES	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PIKE, RITA		NAME		
STREET ADDRESS	P O BOX 15126		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32239		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PIKE, RITA		NAME		
STREET ADDRESS	P O BOX 15126		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32239		CITY-ST-ZIP		
TITLE	SECR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PIKE, RITA		NAME		
STREET ADDRESS	P O BOX 15126		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32239		CITY-ST-ZIP		
TITLE	TRES	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PIKE, RITA		NAME		
STREET ADDRESS	P O BOX 15126		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32239		CITY-ST-ZIP		
TITLE	DIRE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PIKE, RITA		NAME		
STREET ADDRESS	P O BOX 15126		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32246		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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>Rita Pike</i>		Date: <i>March 9, 05</i>		Daytime Phone #: <i>904-349 0064</i>	
Rita Pike					