

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 01, 2005 8:00 am**  
**Secretary of State**

04-01-2005 90005 013 \*\*\*150.00

<b>DOCUMENT # P04000147081</b> 1. Entity Name <b>RICTER CONSTRUCTION, INC.</b>					
Principal Place of Business <b>610 LOMBARD CIRCLE FORT WALTON BEACH, FL 32547</b>			Mailing Address <b>610 LOMBARD CIRCLE FORT WALTON BEACH, FL 32547</b>		
2. Principal Place of Business <b>610 Lombard Circle</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>Same</b> <small>Suite, Apt. #, etc.</small>			
City & State <b>Fort Walton Beach, FL</b>		City & State <b>Fort Walton Beach, FL</b>		4. FEI Number <b>20-1796151</b>	
Zip <b>32547</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>NORRIS, TERRY D 700 MELANIE LANE FORT WALTON BEACH, FL 32547</b>				7. Name and Address of New Registered Agent Name <b>Rick Harmon</b> Street Address (P.O. Box Number is Not Acceptable) <b>610 Lombard Circle</b> City <b>Fort Walton Beach</b> <b>FL</b> Zip Code <b>32547</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<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 NAME STREET ADDRESS CITY- ST- ZIP	P HARMON, RICK A 610 LOMBARD CIRCLE FORT WALTON BEACH, FL 32547		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP NORRIS, TERRY D 700 MELANIE LANE FORT WALTON BEACH, FL 32547		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S, T NORRIS, TERRY D 700 MELANIE LANE FORT WALTON BEACH, FL 32547		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
<b>SIGNATURE:</b> _____ <b>3/23/05</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					