


FILED
Mar 28, 2005 8:00 am
Secretary of State

02-10-2005 90042 044 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000153427 1. Entity Name BURTON RITCHIE'S ROOFING SERVICE, INC.					
Principal Place of Business 6707 PLANTATION ROAD A-2 PENSACOLA, FL 32504 US		Mailing Address 6707 PLANTATION ROAD A-2 PENSACOLA, FL 32504 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-1862688	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RITCHIE, CHARLES B 6707 PLANTATION ROAD A-2 PENSACOLA, FL 32504			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 _____					
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	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RITCHIE, CHARLES B	NAME			
STREET ADDRESS	6707 PLANTATION RD SUITE A-2	STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA, FL 32504	CITY-ST-ZIP			
TITLE	COO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HICKS, GEORGE J	NAME			
STREET ADDRESS	733 NEWPORT DR	STREET ADDRESS			
CITY-ST-ZIP	FT. WALTON, FL 32547	CITY-ST-ZIP			
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PITTMAN, DENNIS L	NAME			
STREET ADDRESS	721 EAST TENNESSEE ST	STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE, FL 32308	CITY-ST-ZIP			
TITLE	CFO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TUCKER, TERI	NAME			
STREET ADDRESS	6707 PLANTATION ROAD SUITE A-2	STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA, FL 32504	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			
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>Teri Tucker</i>		Date: 2-7-05		Daytime Phone #: 850-419-9007	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

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