

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000140352

1. Entity Name
JAYDEE RITCHIE, INC.



Principal Place of Business
324 ST JOHNS AVENUE
PALATKA, FL 32177

Mailing Address
324 ST JOHNS AVENUE
PALATKA, FL 32177

DO NOT WRITE IN THIS SPACE

**FILED
Jan 19, 2007 8:00 am
Secretary of State**

01-19-2007 90020 045 ***150.00

500000480



01102007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3617852	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RITCHIE, JAYDEE S
104 AUGUSTA AVENUE
SATSUMA, FL 32189

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PRES
NAME RITCHIE, JAYDEE S
STREET ADDRESS PO BOX 237
CITY-ST-ZIP SATSUMA, FL 32189

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Jaydee S. Ritchie*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/07
Date

Daytime Phone #