


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 07, 2007 8:00 am**  
**Secretary of State**

05-07-2007 90073 021 \*\*\*150.00

<b>DOCUMENT # P06000147064</b>	
1. Entity Name <b>RITACT, INC.</b>	

Principal Place of Business <b>4780 OREN BROWN ROAD KISSIMMEE, FL 34746 US</b>	Mailing Address <b>4780 OREN BROWN ROAD KISSIMMEE, FL 34746 US</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40107300



05032007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BOND, TIMOTHY W 4780 OREN BROWN ROAD KISSIMMEE, FL 34746		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 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOND, TIMOTHY W 4780 OREN BROWN ROAD KISSIMMEE, FL 34746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOND, CARLA K 4780 OREN BROWN ROAD KISSIMMEE, FL 34746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** Carla K. Bond 5-3-2007  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Divisions of Corporations  
P.O. Box 8800  
Tallahassee, FL 32314

ATTACHMENT  
40107530  
#P06000147064

To Whom It May Concern:

I am writing to inform you that we tried for two days to pay of fee for the Annual Report. We are sorry we did not send payment to you on time. We had difficulty with the online system; I guess it was an overload of Corporations trying to do everything at the last minute. I am inserting the messages we received from the online system.

## CGI Timeout

The specified CGI application exceeded the allowed time for processing. The server has deleted the process.

We're sorry but the Public Access System is unable to process your request at this time.  
Press your browsers' BACK arrow to retry your request. or return to the Division of  
Corporations' Public Access System main page.

I would like to thank the technician which helped me (Rob). He stated we could print off the form to mail in the payment as long as we attached a letter.

Sincerely,



Kay Bond  
Administrative Assistant  
Ritact, Inc.  
407-353-1807 (Cell)  
407-787-0140 (Phone / Fax)