

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90024 041 ***150.00

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1. Entity Name
ELAINE C. RITCHIE, P.A./

Principal Place of Business
4950 GOLDEN GAYS PKWY
NAPLES, FL 34116 US

Mailing Address
3170 41ST STREET, SW
NAPLES, FL 34116 US

94025760



2. Principal Place of Business
4950 GOLDEN GATE PKWY

3. Mailing Address
 Suite, Apt. #, etc.

02162004 Chg-P CR2E034 (10/03)

City & State
 Zip Country

4. FEI Number
65-0385992

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ELAINE C. RITCHIE
3170 41ST STREET, SW
NAPLES, FL 34116

7. Name and Address of New Registered Agent

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 _____
Signature typed or printed name of registered agent and, if applicable, NOTE: Registered Agent signature required when resigning. DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
 Trust Fund Contribution **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If any)

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
DP	RITCHIE, ELAINE C	3170 41ST STREET, SW	NAPLES, FL 34116				

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, changed, or on an attachment with an address, with all other like empowered

SIGNATURE: *Elaine C. Ritchie* **3/3/04**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR