

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 08:00 A
Secretary of State

DOCUMENT # P93000086753

1. Entity Name
RITA STAFFING, INC.



Principal Place of Business
5150 S FLORIDA AVE
LAKELAND, FL 33813

Mailing Address
P O BOX 6955
LAKELAND, FL 33807 US



02222007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3217886	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

DAYVAULT, JAMES C
5150 S FLORIDA AVE
LAKELAND, FL 33813

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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**

UN00000649920
03/07/07-80071-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	P QD
NAME	DAYVAULT, JAMES C
STREET ADDRESS	5328 GLENMORE DR
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	VP
NAME	DAYVAULT, MARTHA S
STREET ADDRESS	5328 GLENMORE DR
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	D
NAME	HAMES, SUSAN D.
STREET ADDRESS	914 SUCCESS AVE
CITY-ST-ZIP	LAKELAND, FL 33803
TITLE	D
NAME	HAMES, RICHARD J JR
STREET ADDRESS	914 SUCCESS AVENUE
CITY-ST-ZIP	LAKELAND, FL 33803
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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: James C Dayvault JAMES C DAYVAULT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/07 863-646-5021
Date Daytime Phone #