


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90269 018 \*\*\*150.00

<b>DOCUMENT # P97000002647</b> 1. Entity Name <b>RITEWAY OF JACKSONVILLE, INC.</b>			
Principal Place of Business <b>825 CASSAT AVE JACKSONVILLE, FL 32205 US</b>		Mailing Address <b>825 CASSAT AVE JACKSONVILLE, FL 32205 US</b>	
2. Principal Place of Business <b>1823 Lakeshore Drive N.</b> Suite, Apt. #, etc.		3. Mailing Address <b>1823 Lakeshore Drive N.</b> Suite, Apt. #, etc.	
City & State <b>Orange Park Florida</b> Zip <b>32003</b>		City & State <b>Orange Park Florida</b> Zip <b>32003</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>59-3419918</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LANIER, GLORIA 825 CASSAT AVE - 1823 Lakeshore Drive N. JACKSONVILLE, FL 32205 Orange Park, FL 32003</b>		7. Name and Address of New Registered Agent  Name <b>Same</b> Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <input type="checkbox"/> Delete <b>LANIER, LEE</b> <b>825 CASSAT AVENUE 1823 Lakeshore Dr. N.</b> <b>JACKSONVILLE, FL 32205 Orange Park, FL 32003</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <input type="checkbox"/> Delete <b>SCHUMACHER, JOHN</b> <b>825 CASSAT AVENUE 1823 Lakeshore Dr. N.</b> <b>JACKSONVILLE, FL 32205 Orange Park, FL 32003</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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 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.			
<b>SIGNATURE: Gloria Lanier</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>Gloria Lanier 4-5-05 904384-8367</b> <small>Date Daytime Phone #</small>	