

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000020810

1. Entity Name
RITTENHOUSE INNKEEPERS, INC.



Principal Place of Business
**1001 E ATLANTIC AVE
STE 202
DELRAY BEACH, FL 33483**

Mailing Address
**1000 MARKET STREET
BUILDING ONE, STE. 300
PORTSMOUTH, NH 03801**

DO NOT WRITE IN THIS SPACE



01052007 No Chg-P CR2E034 (11/05)

4. FEI Number
58-2392690

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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

U000000676234
03/30/07-80053-011 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME WALSH, MARK
STREET ADDRESS 1001 E ATLANTIC AVE STE 202
CITY-ST-ZIP DELRAY BEACH, FL 33483

TITLE D
NAME WALSH, MICHAEL
STREET ADDRESS 1001 E ATLANTIC AVE STE 202
CITY-ST-ZIP DELRAY BEACH, FL 33483

TITLE D
NAME WALSH, WILLIAM
STREET ADDRESS 1000 MARKET STREET STE 300
CITY-ST-ZIP PORTSMOUTH, NH 03801

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 reports 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

William Walsh, Director

1/26/07

(603)559-2100