

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2008 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**



01212008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>58-2392690</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

**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	

**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 another like empowered.

**SIGNATURE:**

*William Walsh*

*William Walsh*

Date

*1/30/08*

Daytime Phone #

*(403) 559-2100*