


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90367 029 ***150.00

DOCUMENT # S22992

1. Entity Name
RITA TEMPORARIES, INC.



Principal Place of Business 5150 S FLORIDA AVE P O BOX 6955 BLDG B LAKELAND, FL 33807 US	Mailing Address PO BOX 6955 LAKELAND, FL 33807 US
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14004422



04142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3040716	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, MARTHA S.
 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 _____

**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

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

SIGNATURE: *James C Dayvault* **4/15/04** **863-646-5021**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #