

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S22992

Entity Name: RITA TEMPORARIES, INC.

FILED
Apr 10, 2009
Secretary of State

Current Principal Place of Business:

5150 S FLORIDA AVE
P O BOX 6955 BLDG B
LAKELAND, FL 33807 US

New Principal Place of Business:

5150 S FLORIDA AVE
LAKELAND, FL 33813 US

Current Mailing Address:

PO BOX 6955
LAKELAND, FL 33807 US

New Mailing Address:

FEI Number: 59-3040716 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAYVAULT, MARTHA S.
5150 S FLORIDA AVE
LAKELAND, FL 33813 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: DAYVAULT, MARTHA S.
Address: 5328 GLENMORE DR
City-St-Zip: LAKELAND, FL 33813

Title: DVP () Delete
Name: HAMES, SUSAN D
Address: 914 SUCCESS AVENUE
City-St-Zip: LAKELAND, FL 33813

Title: DT () Delete
Name: DAYVAULT, JAMES C.
Address: 5328 GLENMORE DR
City-St-Zip: LAKELAND, FL 33813

Title: DVP () Delete
Name: HAMES, J. RICHARD JR
Address: 914 SUCCESS AVE
City-St-Zip: LAKELAND, FL 33803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES C. DAYVAULT

DT

04/10/2009

Electronic Signature of Signing Officer or Director

_____ Date