


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90046 008 ***150.00

DOCUMENT # V43646 1. Entity Name R & M RITTER, INC.					
Principal Place of Business 7577 LAKE WORTH RD SUITE 45 LAKE WORTH FL 33467 US			Mailing Address 4524 7TH PLACE SW VERO BEACH FL 32968 US		
2. Principal Place of Business 4524 - 7th Place SW		3. Mailing Address Suite, Apt. #, etc.			
City & State VERO BEACH FL.		City & State		4. FEI Number 65-0344313	
Zip 32968		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RITTER, RAYMOND L. 6115 SE BLACK OAK LN STUART FL 34997			7. Name and Address of New Registered Agent Name RITTER, RAYMOND L. Street Address (P.O. Box Number is Not Acceptable) 4524 - 7th Place SW. City VERO BEACH FL Zip Code 32968		
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) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT RITTER, RAYMOND L 6115 S.E. BLACK OAK LANE STUART FL 34997	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT RITTER, RAYMOND L 4524 - 7th Place SW. VERO BEACH FL. 32968
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS RITTER, MARSHA J 6115 S.E. BLACK OAK LANE STUART FL 34997	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS RITTER, MARSHA J. 4524 - 7th Place SW. VERO BEACH, FL. 32968
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KUBALA, PAUL 65 CORLAND AVE. KENMORE NY 14223	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition		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	<input type="checkbox"/> Change <input type="checkbox"/> Addition		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.					
SIGNATURE: <u>Raymond L. Ritter (PRESIDENT)</u> 1-25-04 561-641-9292 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					