

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90048 007 \*\*\*150.00

**DOCUMENT # V43646**

1. Entity Name

R & M RITTER, INC.



Principal Place of Business

4524 7TH PLACE SW  
VERO BEACH FL 32968  
US

Mailing Address

4524 7TH PLACE SW  
VERO BEACH FL 32968  
US

2. Principal Place of Business

200 LUGO WAY  
St. Augustine

3. Mailing Address

200 LUGO WAY  
St. Augustine FL

City & State

Florida 32086

City & State

St. Augustine FL

Zip

32086

Country

USA

Zip

32086

Country

USA

4. FEI Number

65-0344313

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RITTER, RAYMOND L.  
4524 7TH PLACE SW  
VERO BEACH FL 32968

7. Name and Address of New Registered Agent

Name: RAYMOND L. RITTER  
Street Address (P.O. Box Number is Not Acceptable)

200 LUGO WAY  
City: St. Augustine FL Zip Code: 32086

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, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: PT  
NAME: RITTER, RAYMOND L.  
STREET ADDRESS: 4524 7TH PLACE SW  
CITY-ST-ZIP: VERO BEACH FL 32968 ☐ Delete

TITLE: VS  
NAME: RITTER, MARSHA J  
STREET ADDRESS: 4524 7TH PLACE SW  
CITY-ST-ZIP: VERO BEACH FL 32968 ☐ Delete

TITLE: D-  
NAME: KUBALA, PAUL  
STREET ADDRESS: 65 CORLAND AVE.  
CITY-ST-ZIP: KENMORE NY 14223 ☐ Delete

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Delete

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Delete

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PT ☒ Change ☐ Addition  
NAME: RITTER, RAYMOND L.  
STREET ADDRESS: 200 LUGO WAY  
CITY-ST-ZIP: St. Augustine FL 32086

TITLE: VS ☒ Change ☐ Addition  
NAME: RITTER, MARSHA J  
STREET ADDRESS: 200 LUGO WAY  
CITY-ST-ZIP: St. Augustine FL 32086

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Change ☐ 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:

RAYMOND L. RITTER (PRESIDENT)

Date

Daytime Phone #

1-29-05

561-641-9292