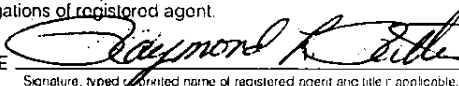
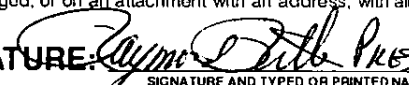


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90043 004 ***150.00

DOCUMENT # V43646 1. Entity Name R & M RITTER, INC.																										
Principal Place of Business 200 LUGO WAY SAINT AUGUSTINE FL 32086 US		Mailing Address 200 LUGO WAY SAINT AUGUSTINE FL 32086 US																								
2. Principal Place of Business - No P.O. Box # 136 Malaga St. Suite, Apt. #, etc.		3. Mailing Address 136 Malaga St. Suite, Apt. #, etc.																								
City & State Saint Augustine FL Zip 32086		City & State Saint Augustine FL Zip 32084																								
Country St Johns		Country St Johns																								
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. 200 LUGO WAY SAINT AUGUSTINE FL 32086		7. Name and Address of New Registered Agent Name RAYMOND L. RITTER Street Address (P.O. Box Number is Not Acceptable) 136 Malaga St. City Saint Augustine FL Zip Code 32084																								
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  President DATE 2-01-07 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)																										
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. ☐ Added to Fees																								
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 all other like empowered.																										
SIGNATURE:  RAYMOND RITTER SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		2-01-07 561-641-9292 One Daytime Phone #																								