

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S22992

**Entity Name:** RITA TEMPORARIES, INC.

**Current Principal Place of Business:**

5150 S FLORIDA AVE  
LAKELAND, FL 33813

**Current Mailing Address:**

PO BOX 6955  
LAKELAND, FL 33807 US

**FEI Number:** 59-3040716

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

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

*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

**Officer/Director Detail :**

Title            DIRECTOR, VP  
Name            DAYVAULT, MARTHA S  
Address        5328 GLENMORE DR  
City-State-Zip: LAKELAND FL 33813

Title            DVP  
Name            HAMES, SUSAN D  
Address        414 EAST MAXWELL STREET  
City-State-Zip: LAKELAND FL 33803

Title            DT  
Name            DAYVAULT, JAMES C  
Address        5328 GLENMORE DR  
City-State-Zip: LAKELAND FL 33813

Title            DIRECTOR, PRESIDENT  
Name            HAMES, J. RICHARD JR  
Address        414 EAST MAXWELL STREET  
City-State-Zip: LAKELAND FL 33803

*I hereby 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 all other like empowered.*

**SIGNATURE:** JAMES C DAYVAULT

**TREASURER**

**01/23/2023**

Electronic Signature of Signing Officer/Director Detail

Date