2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 12, 2004 08:00 AM **DOCUMENT # 665265 Secretary of State** 1. Entity Name RUDE-CO, INDUSTRIES INC. Principal Place of Business Mailing Address 3621 OLD DELAND RD. DAYTONA BCH. FL 32124 3621 OLD DELAND RD. DAYTONA BCH. FL 32124 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-1990066 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Yolusia Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WELLS, JERRY B. Street Address (P.O. Box Number is Not Acceptable) 648 S. RIDGEWOOD AVE. DAYTONA BEACH FL 32014 City Zip Code 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 roinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campalgn Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition SWARTZ, ROGER L. NAME NAME U000000859<u>0</u>1 5738 FOXHOLLOW RD. STREET ADDRESS STREET ADDRESS 03/12/04-80002-001 150.00 DE LEON SPRINGS FL 32130 CITY-ST-ZIP CITY ST-7IP ST TITLE ☐ Delete TITLE Change Addition NAME SWARTZ, LINDA K. NAME STREET ADDRESS 5738 FOXHOLLOW RD. STREET ADDRESS CITY-ST-ZIP DE LEON SPRINGS FL 32130 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITS F Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

**FILED** 

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 eath, 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:

LINDA K SWARTZ Sec Type S 3/9/0 4