


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 05, 2004 8:00 am
Secretary of State

02-10-2004 90016 033 ***150.00

DOCUMENT # F64012

1. Entity Name
RUSLYN, INC.



Principal Place of Business Mailing Address

1701 E SILVER SPRING BLVD 1701 E SILVER SPRING BLVD
OCALA FL 34470 Ocala FL 34470
US US

2. Principal Place of Business 3. Mailing Address

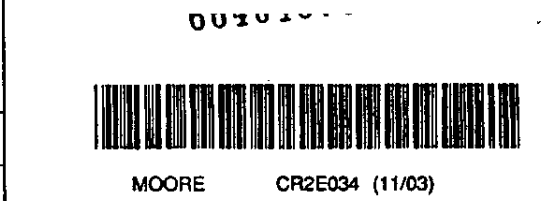
1415 SE 47th AV. P.O. Box 831181
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

OCALA FL Ocala FL

Zip Country Zip Country

34471 MARION 34483-1181 MARION



6. Name and Address of Current Registered Agent

GRUBBS, RUSSELL E
PO-BOX 831181 = 1415 SE 47th AV.
OCALA FL 34483
34471

4. FEI Number 59-2158963 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) 1415 SE 47th AVE
City Ocala FL Zip Code 34471

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 RUSSELL GRUBBS DATE 2/1/04

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

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. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	GRUBBS, RUSSELL	
STREET ADDRESS	1024 E. SILVER SPRINGS BLVD.	
CITY-ST-ZIP	OCALA FL 34470	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 another I am empowered.

SIGNATURE: RUSSELL GRUBBS DATE 1-4-04 DAYTIME PHONE # 352-368-6855

Signature typed or printed name of signing officer or director Date Daytime Phone #