2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 01, 2005 08:00 AM Secretary of State DOCUMENT # P94000092000 1. Entity Name RUDI PROPERTIES, INC. Principal Place of Business Mailing Address C/OBRUCE B VEGLITE 418 MIDWAY ISLAND C/OBRUCE B VEGLITE 418 MIDWAY ISLAND CLEARWATER FL 33767 CLEARWATER FL 33767 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-3282845 Not Applicable Zip Zip Country Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VEGHTE, BRUCE B Street Address (P.O. Box Number is Not Acceptable) 418 MIDWAY ISLAND **CLEARWATER FL 33767** 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 reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE D 🗖 Delete ☐ Addition TOTALE Change U00000284228 VEGHTE, RUTH W NAME 04/01/05-80058-016 150.00 STREET ADDRESS 418 MIDWAY ISLAND STREET ADDRESS CITY-ST-ZIP CLEARWATER FL 33767 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition VEGHTE, RICHARD C NAME MAME 418 MIDWAY ISLAND STREET ADDRESS STREET ADDRESS. CITY - ST - ZIP CLEARWATER FL 33767 CITY-ST-ZIP TITLE ☐ Delete Change TITLE ☐ Addition NAME VEGHTE, BRUCE B NAME STREET ADDRESS 418 MIDWAY ISLAND STREET ADDRESS CITY-ST-ZIP CLEARWATER FL 33767 CHY-SI-2P TITLE ☐ Delete ☐ Change Addition NAME VEGHTE, JOHN W SR. NAME 418 MIDWAY ISLAND STREET ADDRESS STREET ADDRESS CLEARWATER FL 33767 CHY-ST-ZIP DITY-ST-7IP THEF Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-HE TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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.

E OF SIGNING OFFICER OF DIRECTOR

SIGNATURE:

FILED