

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2007 8:00 am
Secretary of State

01-24-2007 90017 047 ***150.00

DOCUMENT # 254973

1. Entity Name
 RU-MAR, INC.



Principal Place of Business: 160 LAMONT RD FT PIERCE, FL 34947
 Mailing Address: 160 LAMONT RD FT PIERCE, FL 34947

400000-

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

01112007 Chg-P CR2E034 (12/06)

Zip Country Zip Country

4. FEI Number: 59-0929546
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent

CARLTON, R W
 160 LAMONT RD
 FT PIERCE, FL 34947

7. Name and Address of New Registered Agent

Name: R. WAYNE CARLTON
 Street Address (P.O. Box Number is Not Acceptable): 160 LAMONT ROAD
 City: Fort Pierce FL Zip Code: 34947

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: _____ DATE: _____
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

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	CARLTON, R. WAYNE	
STREET ADDRESS	160 LAMONT RD.	
CITY-ST-ZIP	FT PIERCE, FL 34947	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CARLTON, R. WESLEY	
STREET ADDRESS	160 LAMONT RD	
CITY-ST-ZIP	FT PIERCE, FL 34947	
TITLE	D	<input type="checkbox"/> Delete
NAME	TALBOT, PEGGY	
STREET ADDRESS	160 LAMONT RD	
CITY-ST-ZIP	FT PIERCE, FL 34947	
TITLE	STD	<input type="checkbox"/> Delete
NAME	CARLTON, MARGARET H	
STREET ADDRESS	160 LAMONT RD	
CITY-ST-ZIP	FT PIERCE, FL 34947	
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"/> Change <input type="checkbox"/> Addition
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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 exemptions contained in Chapter 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: Margaret H. Carlton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-21-'07 772-461-2817
Date Daytime Phone #