

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90063 026 ***150.00

DOCUMENT # 254973

1. Entity Name
RU-MAR, INC.



Principal Place of Business Mailing Address

160 LAMONT RD 160 LAMONT RD
 FT PIERCE, FL 34947 FT PIERCE, FL 34947

40018020



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

3658 ELEVEN MILE ROAD **3658 ELEVEN MILE ROAD**

Suite, Apt. #, etc. Suite, Apt. #, etc.

01292008 Chg-P CR2E034 (12/06)

City & State City & State

Fort Pierce, Florida **Fort Pierce, Florida**

Zip Country Zip Country

34945 **ST. LUCIA** **34945** **ST. LUCIA**

4. FEI Number Applied For

59-0929546 Not Applicable

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

6. Name and Address of Current Registered Agent

CARLTON, R. WAYNE
 160 LAMONT RD
 FT PIERCE, FL 34947

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 _____ 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, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
PD	CARLTON, R. WAYNE	160 LAMONT RD.	FT PIERCE, FL 34947	<input type="checkbox"/>
VD	CARLTON, R. WESLEY	160 LAMONT RD	FT PIERCE, FL 34947	<input type="checkbox"/>
D	TALBOT, PEGGY	160 LAMONT RD	FT PIERCE, FL 34947	<input type="checkbox"/>
STD	CARLTON, MARGARET H	160 LAMONT RD	FT PIERCE, FL 34947	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 STD 1-30-08 772-461-2817
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #