

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 254973

Entity Name: RU-MAR, INC.

FILED  
Jan 11, 2011  
Secretary of State

**Current Principal Place of Business:**

3658 ELEVEN MILE ROAD  
FORT PIERCE, FL 34945

**New Principal Place of Business:**

**Current Mailing Address:**

3658 ELEVEN MILE ROAD  
FORT PIERCE, FL 34945

**New Mailing Address:**

FEI Number: 59-0929546

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CARLTON, R. WAYNE  
3782 MCCARTY ROAD  
FT PIERCE, FL 34945 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: CARLTON, R. WAYNE  
Address: 3782 MCCARTY ROAD  
City-St-Zip: FT PIERCE, FL 34945

Title: VD  
Name: CARLTON, R. WESLEY  
Address: 3810 ELEVEN MILE ROAD  
City-St-Zip: FT PIERCE, FL 34945

Title: D  
Name: TALBOT, PEGGY  
Address: 4806 MCCARTY ROAD  
City-St-Zip: FT PIERCE, FL 34945

Title: D  
Name: CARLTON, MARGARET H  
Address: 160 LAMONT ROAD  
City-St-Zip: FT PIERCE, FL 34947

Title: STD  
Name: CRUSE, MARY ANNE C.  
Address: 13051 OKEECHOBEE ROAD  
City-St-Zip: FORT PIERCE, FL 34945

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARY ANNE C. CRUSE

S/T

01/11/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date