## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Mar 03, 2008 08:00 A **DOCUMENT #320591** Secretary of State 1. Entity Name BARNEY W. RUTZKE, INC. Principal Place of Business Mailing Address 17855 SW 248TH ST 17855 SW 248TH ST HOMESTEAD, FL 33031 HOMESTEAD, FL 33031 01292008 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-1173528 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RUTZKE, BARNEY W DO NOT WRITE 17855 SW 248TH ST HOMESTEAD, FL 33031 IN THIS SPACE 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE **RUTZKE, BARNEY W** NAME STREET ADDRESS PO BOX 700129 MIAMI, FL 33170 CITY-ST-ZIP U00000847090 TITLE 03/19/08-80005-005 705.00 NAME RUTZKE, BARNEY W JR 25350 SW 193 AVE STREET ADDRESS CITY-ST-ZIP HOMESTEAD, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-7IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, 1 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 of the corporation or the receiver or trustee empowered to execute this repor-changed, or on an attachment with an address, with all other like/empowered

SIGNATURE:

TITLE NAME STREET ADDRESS CHTY-ST-ZIP