

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 454455

Entity Name: FRED RUBLE, INC.

FILED
Jun 15, 2009
Secretary of State

Current Principal Place of Business:

8150 SEMINOLE BLVD.
SEMINOLE, FL 33772 US

New Principal Place of Business:

Current Mailing Address:

8150 SEMINOLE BLVD
8150 SEMINOLE BLVD
SEMINOLE, FL 33772 US

New Mailing Address:

FEI Number: 59-1545006 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUBLE, MARY E OWNER
8333 SEMINOLE BLVD.
#252E
SEMINOLE, FL 33777 US

Name and Address of New Registered Agent:

SNODGRASS, LISA M OWNER
8150 SEMINOLE BLVD.
SEMINOLE, FL 33772 US

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: LISA M. SNODGRASS 06/15/2009

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RUBLE, MARY E
Address: 8333 SEMINOLE BLVD., #252E
City-St-Zip: SEMINOLE, FL 33772

Title: ST (X) Delete
Name: SNODGRASS, LISA M
Address: 8117 NORWOOD RD.
City-St-Zip: SEMINOLE, FL 33777

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SNODGRASS, LISA M
Address: 8150 SEMINOLE BLVD.
City-St-Zip: SEMINOLE, FL 33772

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LISA M. SNODGRASS PD 06/15/2009

Electronic Signature of Signing Officer or Director Date