

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-04-2008 90063 017 \*\*\*150.00

**DOCUMENT #617805**

1. Entity Name  
RICHARD D. RUPP ASSOCIATES, INC.



Principal Place of Business  
367 WILSON STREET  
DUNEDIN, FL 34698 US

Mailing Address  
367 WILSON STREET  
DUNEDIN, FL 34698 US

40018043



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01242008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number  
59-1904232

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUPP, RICHARD D  
2161 CEDAR DR  
DUNEDIN, FL

Name

R. Daniel Rupp

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

1810 Oakmont Ct.

City

Safety Harbor

FL

Zip Code  
34695

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

R. Daniel Rupp, Pres.

R. Daniel Rupp

1/29/08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-issuing)

DATE

**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	P	<input checked="" type="checkbox"/> Delete
NAME	RUPP, RICHARD D.	
STREET ADDRESS	2161 CEDAR DR.,	
CITY-ST-ZIP	DUNEDIN, FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	RUPP, R. DANIEL	
STREET ADDRESS	1810 OAKMOUNT CT	
CITY-ST-ZIP	SAFETY HARBOR, FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	RUPP, MARY JEAN	
STREET ADDRESS	2161 CEDAR DR.	
CITY-ST-ZIP	DUNEDIN, FL	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rupp, R. Daniel	
STREET ADDRESS	1810 Oakmont Ct.	
CITY-ST-ZIP	Safety Harbor, FL 34695	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/08

727-733-4255

Date

Daytime Phone #