

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # 832265

1. Entity Name
RUBY-COLLINS, INC.



Principal Place of Business

P O BOX 2476
SMYRNA, GA 30081

Mailing Address

P O BOX 2476
SMYRNA, GA 30081



04162008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
61-0709337

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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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

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

U000000915523
05/09/08-80018-018 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MORGAN, L. B. J.
STREET ADDRESS 4806 WRIGHT DR.
CITY-ST-ZIP SMYRNA, GA

TITLE V
NAME LASETER, MICHAEL A
STREET ADDRESS 4806 WRIGHT DR.
CITY-ST-ZIP SMYRNA, GA 30082

TITLE D
NAME FLINT, D. H.
STREET ADDRESS 4806 WRIGHT DR.
CITY-ST-ZIP SMYRNA, GA

TITLE ST
NAME BRAY, RON
STREET ADDRESS 4806 WRIGHT DRIVE
CITY-ST-ZIP SMYRNA, GA

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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

Date

Daytime Phone #