

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 13, 2005 8:00 am**  
**Secretary of State**

01-13-2005 90003 031 \*\*\*158.75

<b>DOCUMENT # 832737</b> 1. Entity Name <b>THOMAS W. RUFF &amp; COMPANY OF FLORIDA, INC.</b>					
Principal Place of Business <b>1114 DUBLIN RD. COLUMBUS, OH 43215</b>			Mailing Address <b>3201 COMMERCE PARKWAY MIRAMAR, FL 33025</b>		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number <b>31-0849755</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b> <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <b>GORMAN, JOHN E</b> <b>1114 DUBLIN RD</b> <b>COLUMBUS, OH 0,</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>CRANE, JOHN J.</b> <b>1114 DUBLIN RD</b> <b>COLUMBUS, OH 43215</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>GORMAN, CAROL J</b> <b>1114 DUBLIN RD</b> <b>COLUMBUS, OH 0,</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>LACERRA, DONALD J</b> <b>911 ORLANDO AVE S</b> <b>MAITLAND, FL 327516407</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GORMAN, MICHAEL J.</b> <b>1114 DUBLIN RD</b> <b>COLUMBUS, OH 43215</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ESCOLAS, ROGER</b> <b>1114 DUBLIN RD</b> <b>COLUMBUS, OH 43215</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> <i>H. James Holley</i> H. JAMES HOLLEY CONTROLLER/OFFICER			Date <b>JAN. 7, 2005</b> Daytime Phone # <b>954 438-5370</b>		