

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2004 8:00 am**  
**Secretary of State**

03-08-2004 90037 048 \*\*\*150.00

**DOCUMENT # F00000006331**

1. Entity Name  
**RUTH GUEST HOUSE, INC.**



Principal Place of Business  
**4340 W HILLSBOROUGH AVE  
SUITE 212  
TAMPA, FL 33614**

Mailing Address  
**4340 W HILLSBOROUGH AVE  
SUITE 212  
TAMPA, FL 33614**



2. Principal Place of Business  
**2226 State Rd 580**  
Suite, Apt. #, etc.

3. Mailing Address  
**2226 State Rd 580**  
Suite, Apt. #, etc.

02102004 Chg-P CR2E034 (10/03)

City & State  
**Clearwater, FL**  
Zip  
**33763**  
Country  
**USA**

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**Clearwater FL**  
Zip  
**33763**  
Country  
**USA**

4. FEI Number  
**36-3314692**  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

**SCHMIDT, ROBERT E JR  
4340 W HILLSBOROUGH AVE  
SUITE 212  
TAMPA, FL 33614**

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**2226 State Rd 580**  
City  
**Clearwater** FL Zip Code  
**33763**

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

**2/22/04**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
SCHMIDT, ROBERT E JR  
4340 W HILLSBOROUGH AVE SUITE 212  
TAMPA, FL 33614** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DV  
SCHMIDT, LAWRENCE F  
4340 W HILLSBOROUGH AVE SUITE 212  
TAMPA, FL 33614** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DST  
SCHMIDT, CHRISTINE M  
4340 W HILLSBOROUGH AVE SUITE 212  
TAMPA, FL 33614** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SCHMIDT, DONALD  
4340 W HILLSBOROUGH AVE SUITE 212  
TAMPA, FL 33614** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
HEIPP, BARBARA A  
4340 W HILLSBOROUGH AVE SUITE 212  
TAMPA, FL 33614** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**2226 State Rd 580  
Clearwater, FL 33763** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**2226 State Rd 580  
Clearwater, FL 33763** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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Clearwater, FL 33763** ☒ Change ☐ Addition

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CITY-ST-ZIP  
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Clearwater, FL 33763** ☒ Change ☐ Addition

TITLE  
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CITY-ST-ZIP  
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Clearwater, FL 33763** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/22/04**

Date

Daytime Phone #