2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # F00000006331

1. Entity Name
RUTH GUEST HOUSE, INC.

Principal Place of Business	Mailing Address
2226 SR 580 CLEARWATER, FL 33763	2226 SR 580 CLEARWATER, FL 33763

04122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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
2226 SR 580
CLEARWATER, FL 33763

DO NOT WRITE 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SCHMIDT, ROBERT E JR
STREET ADDRESS	2226 SR 580
CITY-ST-ZIP	CLEARWATER, FL 33763
TITLE	DV
NAME	SCHMIDT, LAWRENCE F
STREET ADDRESS	2226 SR 580
CITY-ST-ZIP	CLEARWATER, FL 33763
TITLE	DST
NAME	SCHMIDT, CHRISTINE M
STREET ADDRESS	2226 SR 580
CITY-ST-ZIP	CLEARWATER, FL 33763
TITLE	D
NAME	SCHMIDT, DONALD
STREET ADDRESS	2226 SR 580
CITY-ST-ZIP	CLEARWATER, FL 33763
TITLE	D
NAME	HEIPP, BARBARA A
STREET ADDRESS	2226 SR 580
CITY-ST-ZIP	CLEARWATER, FL 33763
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000319311
04/20/05-80092-024 150.00

DO NOT WRITE IN THIS SPACE

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: _____ 4-14-05 727-499-2226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #