2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2007 08:00 AM
Secretary of State

DOCUMENT # F97000000402

1. Entity Name
THE RUDOLPH STABLES, INC.

Principal Place of Business	Mailing Address
% NBTY 90 ORVILLE DR BOHEMIA, NY 11716	% NBTY 90 ORVILLE DR BOHEMIA, NY 11716

DO NOT WRITE IN THIS SPACE

07022007 No Chg-P CR2E034 (11/05)

4. FEI Number
11-2337461

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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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)

100000769341
071921-80002-008 150.00

FILE NOW!!! FEE IS $150.00
Due by September 14, 2007

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	RUDOLPH, ARTHUR
STREET ADDRESS	17615 LAKE ESTATES DR
CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	VCS
NAME	RUDOLPH, SCOTT
STREET ADDRESS	17615 LAKE ESTATES DR
CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	D
NAME	RUDOLPH, MILLICENT
STREET ADDRESS	17615 LAKE ESTATES DR
CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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 all other like empowered.

SIGNATURE: _____ 7/5/2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

(631) 244-2026
Daytime Phone #

[redacted]