## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G60877

Entity Name: RT. 41 MANUFACTURING, INC.

FILED Feb 28, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
Current Principal Place of Business:	New Principal Place of Business

13601 US 41

SPRING HILL, FL 34610 US

**Current Mailing Address: New Mailing Address:** 

13601 US 41

SPRING HILL, FL 34610 US

FEI Number: 59-2334046 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BURCAW, TERRY WOOD, DAVID A

13601 US 41 13601 US 41

SPRING HILL, FL 34610 SPRING HILL, FL 34610 US US

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.

SIGNATURE: DAVID A. WOOD 02/28/2006

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: PDS (X) Change ( ) Addition

BURCAW, TERRY, Name: Name: WOOD, DAVID A 11014 LAPAZ COURT 4277 HUNTERS PASS Address: Address: City-St-Zip: SPRING HILL, FL 34608 City-St-Zip: BROOKSVILLE, FL 34609

Title: **VDS** ( ) Delete Title: VD (X) Change ( ) Addition

Name: BURCAW, GARY, Name: BURCAW, GARY A 13601 US 41 4116 DIAZ COURT Address: Address: SPRING HILL, FL 34610 SPRING HILL, FL 34607 City-St-Zip: City-St-Zip:

Title: Title: (X) Change ( ) Addition () Delete

BURCAW, DOLORES CUCCHIARA, GENE A Name: Name: 136 PEBBLE WOOD DR. 9238 FORT KING ROAD Address: Address: City-St-Zip: DOYLESTOWN, PA 18901 City-St-Zip: DADE CITY, FL 33525

Title: (X) Delete Title: () Change () Addition

CUCCHIARA, GENE A Name: Name: Address: 9319 LORENDALE CIRCLE Address: City-St-Zip: SPRING HILL, FL 34608 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID A. WOOD PDS 02/28/2006