

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # G70457

1. Entity Name
RUBBER APPLICATIONS INTERNATIONAL, INC.



Principal Place of Business
**610 INDUSTRIAL PARK RD.
P.O. BOX 1015
MULBERRY, FL 33860**

Mailing Address
**610 INDUSTRIAL PARK RD.
P.O. BOX 1015
MULBERRY, FL 33860**



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2339560

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HOBBY, STANLEY A
610 INDUSTRIAL PARK ROAD
MULBERRY, FL 33860**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

**UN00001416477
02/13/06-80018-007 150.00**

10. OFFICERS AND DIRECTORS

NAME
ADDRESS
-ST- ZIP
**PD
HOBBY, STANLEY
1121 S. WIGGINS ROAD
PLANT CITY, FL**

NAME
ADDRESS
-ST- ZIP
**VD
BASHLOR, RONNIE S
6274 FORESTWOOD DR
LAKELAND, FL**

NAME
ADDRESS
-ST- ZIP
**VD
POLK, L V
4555 EWELL ROAD
LAKELAND, FL**

NAME
ADDRESS
-ST- ZIP
**ST
RAYBURN, AMY
1003 S TEAKWOOD DR
PLANT CITY, FL 33567**

**DO NOT WRITE
IN THIS SPACE**

I 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 in 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 an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/2/06 863-425-5627