## 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **FILED** Apr 14, 2008 08:00 Al Secretary of State DOCUMENT # J08053 1. Entity Name RUST-OFF, INC. Principal Place of Business Mailing Address 1471 KASTNER PLACE PO BOX 470730 LAKE MONROE FL 32747 SUITE\_101 SANFORD FL 32771 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 59-2664118 Not Applicable Ζip Country Ζφ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COSTELLO, JAMES Street Address (P.O. Box Number is Not Acceptable) 692 CRICKLEWOOD TERRACE HEATHROW FL 33746 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or cots, in the State of Florida. I am familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed or primed leanly or lead strong indept unless the frampt cacle. (NOTE: Registered Agont signature required when rein-tating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. 000000833373 Change Addition 04/23/08-80106-005 150.00 DILE ☐ De-ere TITLE COSTELLO, JAMES MAME NAME 692 CRICKLEWOOD TERRACE STREET ADDRESS STREET ADDRESS HEATHROW FL 32746 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Derete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP TIME De-ete TITLE Change ■ Addation MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP mile ☐ De ete TITLE Change Addition BAMF. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILE De ele TITLE Change Andition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 of 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.

Day; no Phone #

Date