

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J23601

1. Entity Name
RUBS INC.



FILED

2007 JUN -7 PM 4:38

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
1709 A CRAWFORDVILLE HWY
CRAWFORDVILLE, FL 32327

Mailing Address
1709 A CRAWFORDVILLE HWY
CRAWFORDVILLE, FL 32327

2. Principal Place of Business, No P.O. Box #
1705 Crawfordville Hwy

3. Mailing Address
Suite, Apt. #, etc.
SAME

Suite, Apt. #, etc.
City & State
Crawfordville FL

City & State
City & State
Crawfordville FL

City & State
Crawfordville FL

City & State
Crawfordville FL

Zip
32327

Country
USA

Zip
32327

Country
USA

6. Name and Address of Current Registered Agent

VAUSE, ROBERT
1709 A CRAWFORDVILLE HWY
CRAWFORDVILLE, FL 32327

04112007 Chg-P CR2E034 (12/06)

4. FEI Number
59-2704012

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
PROCH, LESLIE B
1112 MIMOSA DR
TALLAHASSEE, FL 32312

☒ Delete

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STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

President
Robert Vause
1705 Crawfordville Hwy
Crawfordville FL 32327

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

500104433695
06/15/07--01059--004 **550.00

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CITY-ST-ZIP

☐ Change ☐ Addition

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 an address with all other like empowered.

SIGNATURE: Robert Vause pd 6-6-07 851-877-2044

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2007 JUN 7