


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2005 08:00 AM
Secretary of State

DOCUMENT # J35419 1. Entity Name RUSHAN CORPORATION	
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Principal Place of Business 5544 SWANNER RD MILTON FL 32570 US	Mailing Address 5544 SWANNER RD MILTON FL 32570
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1st MOORE CR2E034 (10/04)

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number 59-2810646	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HARRIS, RUSSELL LYNN 5544 SWANNER RD MILTON FL 32570	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>
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FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete	NAME HARRIS, RUSSELL LYNN STREET ADDRESS 5544 SWANNER ROAD CITY - ST - ZIP MILTON FL 32570
TITLE	V	<input type="checkbox"/> Delete	NAME HARRIS, SHANNON R. STREET ADDRESS 5544 SWANNER ROAD CITY - ST - ZIP MILTON FL 32570
TITLE		<input type="checkbox"/> Delete	NAME STREET ADDRESS CITY - ST - ZIP
TITLE		<input type="checkbox"/> Delete	NAME STREET ADDRESS CITY - ST - ZIP
TITLE		<input type="checkbox"/> Delete	NAME STREET ADDRESS CITY - ST - ZIP
TITLE		<input type="checkbox"/> Delete	NAME STREET ADDRESS CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY - ST - ZIP
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY - ST - ZIP
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY - ST - ZIP
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY - ST - ZIP
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY - ST - ZIP

U00000257097 Change Addition
03/09/05-80041-007 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(c), 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: <u>Russell Lynn Harris</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	3/7/05 <small>Date</small>	850-623-6550 <small>Daytime Phone #</small>
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