2008 FOR PROFIT CORPORATION ANNUAL REPORT FILED Jan 24, 2008 08:00 AF DOCUMENT # J45891 **Secretary of State** 1. Entity Name RUSON, INC. Principal Place of Business Mailing Address 8010 49TH ST N 8010 49TH ST N 605-75TH AVE 605-75TH AVE PINELLAS PARK, FL 34465 PINELLAS PARK, FL 34465 01162008 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2754515 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent **BROIDA AND NAPIER** DO NOT WRITE 605-75TH AVE ST PETERSBURG, FL 33706 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 reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE ΡŊ NAME RIZZO, SONDRA K. STREET ADDRESS 4430-33RD AVE NORTH CITY-ST-ZIP ST PETERSBURG, FL 33713 TITLE U00000795762 01/29/08-80005-003 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

andra of Kings

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