

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 28, 2008 8:00 am**  
**Secretary of State**

05-28-2008 90012 023 \*\*\*150.00

<b>DOCUMENT # K58494</b> 1. Entity Name <b>ROBERT A. RUSH, P.A.</b>			
Principal Place of Business <b>726 NE 1ST ST GAINESVILLE, FL 32601-5304 US</b>		Mailing Address <b>726 NE 1ST ST GAINESVILLE, FL 32601-5304 US</b>	
2. Principal Place of Business - No P.O. Box # <b>11 SE Second Ave</b>		3. Mailing Address <b>11 SE Second Ave</b>	
Suite, Apt #, etc 		Suite, Apt #, etc 	
City & State <b>Gainesville FL</b>		City & State <b>Gainesville FL</b>	
Zip <b>32601 USA</b>		Zip <b>32601 USA</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>59-2925658</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>RUSH, ROBERT A. <del>726 NE 1ST ST</del> 11 SE Second Ave GAINESVILLE, FL 32601</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 or director (if applicable) (NOTE: Registered agent's signature is required when reappointing)</small>			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>RUSH, ROBERT A.</b> <input type="checkbox"/> Delete <b><del>726 NE 1ST STREET</del> 11 SE Second Ave</b> <b>GAINESVILLE, FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>GLASSMAN, DANIEL J</b> <input type="checkbox"/> Delete <b><del>726 NE 1ST STREET</del> 11 SE Second Ave</b> <b>GAINESVILLE, FL 32601</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 19, 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 amendments, with all other like information.			
SIGNATURE: 		Date: <b>5/27/08</b> <span style="float: right;">352 3737566</span>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small>	