


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # K61777 1. Entity Name TUG RUBY M., INC.	
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Principal Place of Business 3670 S. WESTSHORE BLVD. TAMPA, FL 33629	Mailing Address 3670 S. WESTSHORE BLVD. TAMPA, FL 33629
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DO NOT WRITE IN THIS SPACE

FILED
06 APR 28 AM 7:38
CLERK OF STATE
TALLAHASSEE, FLORIDA



01112006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2934718	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent VONSPIEGELFELD, ALLEN K 501 EAST KENNEDY BLVD. SUITE 1700 TAMPA, FL 33602

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD DANN, RODNEY H JR. 3640 S. WESTSHORE BLVD. TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS VONSPIEGELFELD, ALLEN K 501 E KENNEDY BLVD #1700 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>[Signature]</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/10/06--01006--008 **1650.00

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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: <i>Rodney H. Dann</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	1-27-06 <small>Date</small>	(813) 251 5100 <small>Daytime Phone #</small>
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