## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 12, 2004 08:00 AM Secretary of State

ANNUAL REPORT		
DOCUMENT # K74062  1. Entity Name RUTH CARLTON INVESTMENTS, INC.		
Principal Place of Business 7600 INTERNATIONAL DRIVE ORLANDO, FL 32819	Mailing Address 1148 WASHINGTON AVE WINTER PARK, FL 32819	32

04082004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2938573 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ROSEN, HARRIS DO NOT WRITE 7600 INTERNATIONAL DRIVE ORLANDO, FL 32819 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. DATE Signature Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required wher-reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE 000000110140 04/12/04-80071-014 150.00 CARLTON, RUTH NAME STREET ADDRESS 7600 INTERNATIONAL DRIVE CITY-ST-ZiP ORLANDO, FL 32819 MAME STREET ADDRESS CITY-ST-ZIP TITI F NAME STREET ADDRESS DO NOT WRITE CITY ST-7IP TITLE IN THIS SPACE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplier tental tenor is fue 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 trasted employed 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 exemplation of the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/04.

Daylime Phone #