

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90029 037 ***150.00

DOCUMENT # K83730

1. Entity Name

RURAL AMERICA, INC.



Principal Place of Business

992 ST. GEORGE ST.
ORLANDO FL 32805
US

Mailing Address

84 REDWINE OVERLOOK
NEWMAN GA 30263
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

58-1872835

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)



6. Name and Address of Current Registered Agent

WADE, CATHERINE
992 SAINT GEORGE ST.
ORLANDO FL 32305

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 constituting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME COOK, FABIAN F
STREET ADDRESS 992 SAINT GEORGE ST
CITY-ST-ZIP ORLANDO FL 32805

TITLE V ☐ Delete
NAME THOMAS, CLARENCE
STREET ADDRESS 303 FORREST RIDGE PLACE
CITY-ST-ZIP AUGUSTA GA 30906

TITLE V ☐ Delete
NAME GOODEN, HERMAN
STREET ADDRESS 8 MOUNTAIN ASH COURT
CITY-ST-ZIP STAFFORD VA 22554

TITLE V ☐ Delete
NAME HOLLEY, ALVIN
STREET ADDRESS 4134 RALEIGH STREET
CITY-ST-ZIP ORLANDO FL 32811

TITLE V ☐ Delete
NAME John Ingraham
STREET ADDRESS 16930 Falcon Ridge Rd
CITY-ST-ZIP Lithia, FL 33547

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☒ Change ☐ Addition
NAME
STREET ADDRESS 541 Dickman Rd
CITY-ST-ZIP EL PASO, TX 79906

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Change ☒ Addition
NAME John Ingraham
STREET ADDRESS 16930 Falcon Ridge Rd
CITY-ST-ZIP Lithia, FL 33547

TITLE ☐ Change ☐ Addition
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 Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 MARCH 06

Date

706) 544-4046

Daytime Phone #