

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005522

FILED  
Apr 14, 2005  
Secretary of State

Entity Name: RUBIES IN THE ROUGH, INC.

## Current Principal Place of Business:

5219 COUNTY RD 561 SOUTH  
CLERMONT, FL 34711

## New Principal Place of Business:

5219 COUNTY RD 561 SOUTH  
CLERMONT, FL 34714

## Current Mailing Address:

5219 COUNTY RD 561 SOUTH  
CLERMONT, FL 34711

## New Mailing Address:

5219 COUNTY RD 561 SOUTH  
CLERMONT, FL 34714

FEI Number: 59-3737597

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

EGAN, DOREEN O  
5219 COUNTY RD 561 SOUTH  
CLERMONT, FL 34711 US

## Name and Address of New Registered Agent:

EGAN, DOREEN O  
5219 COUNTY RD 561 SOUTH  
CLERMONT, FL 34714 US

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.

SIGNATURE: DOREEN O. EGAN

04/14/2005

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: EGAN, DOREEN O  
Address: 5219 COUNTY RD 561 SOUTH  
City-St-Zip: CLERMONT, FL 34711

Title: VD ( ) Delete  
Name: EGAN, AUTUMN M  
Address: 5219 COUNTY RD 561 SOUTH  
City-St-Zip: CLERMONT, FL 34711

Title: ST ( ) Delete  
Name: PUSKAS, JUSTIN E  
Address: 18316 WEST SHORE LANE  
City-St-Zip: GROVELAND, FL 347369212

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: EGAN, DOREEN O  
Address: 5219 COUNTY RD 561 SOUTH  
City-St-Zip: CLERMONT, FL 34714

Title: VD (X) Change ( ) Addition  
Name: EGAN, AUTUMN M  
Address: 5219 COUNTY RD 561 SOUTH  
City-St-Zip: CLERMONT, FL 34714

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOREEN O. EGAN

PRES

04/14/2005

Electronic Signature of Signing Officer or Director

Date