

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000002896

**FILED**  
**Feb 27, 2012**  
**Secretary of State**

**Entity Name:** RUFF RESCUE OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

10604 SUNBURST VIEW DRIVE  
CLERMONT, FL 34711

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2318  
MINNEOLA, FL 34755

**New Mailing Address:**

**FEI Number:** 45-0706763

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MARQUEZ, JOSE B  
10604 SUNBURST VIEW DRIVE  
CLERMONT, FL 34711 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** MARQUEZ, JOSE B  
**Address:** 10604 SUNBURST VIEW DRIVE  
**City-St-Zip:** CLERMONT, FL 34711 US

**Title:** VPT  
**Name:** PARKER, PATRICIA A  
**Address:** 10604 SUNBURST VIEW DRIVE  
**City-St-Zip:** CLERMONT, FL 34711 US

**Title:** S  
**Name:** PARKER, ROSEMARIE  
**Address:** 3904 WESTERHAM DRIVE  
**City-St-Zip:** CLERMONT, FL 34711 US

I hereby 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 all other like empowered.

**SIGNATURE:** JOSE B. MARQUEZ

P

02/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date