

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000002134

1. Entity Name
RUST MAGIC #2 INC



Principal Place of Business
C/O BUDNER & ASSOCIATES INC
17682 SEALAKES DR
BOCA RATON, FL 33498

Mailing Address
C/O BUDNER & ASSOCIATES INC
17682 SEALAKES DR
BOCA RATON, FL 33498



04292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0973443

Applied For
Not Applicable

6. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

BUDNER, MORDECAI
17682 SEALAKES DR
BOCA RATON, FL 33498

**DO NOT WRITE
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

Signature typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when terminating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

000000156477
05/05/04-20079-022 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CASPER, MICHAEL
STREET ADDRESS	C/O 17682 SEALAKES DR
CITY-ST-ZIP	BOCA RATON, FL 33498
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:

Michael Casper MICHAEL CASPER

4-29-2004 (954) 485-3720

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

County Phone