2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 08:00 AN
Secretary of State

ANNUAL REPORT				TCD 23, 2000 00.0		
DOCUI	MENT # P000000096		25. +	S	ecretary of St	
1. Entity Name	8					
A&RULI	EANING, INC.					
Principal Place	e of Business	Mailing Address				
1858 CROTO		1858 CROTON RD.				
MELBOURNE,	, FL 32935	MELBOURNE, FL 32935				
					J 88) 88 88 98 88 89	
_	A NOT WOITE	^=	02152008	No Chg-P	CR2E034 (11/05)	
ט	O NOT WRITE	CE	4. FEI Numb		Applied For Not Applicable	
				·····		\$8.75 Additional
	6. Name and Address of Current Re	nistered Apont	· · · · · · · · · · · · · · · · · · ·	J. Certificate		Fee Required
	6. Name and Address of Current Re	gistered Agent	1			
DENIS, ALICE				DO	NOT WR	RITE
1858 CROTON RD. MELBOURNE, FL 32935					THIS SPA	
				IIN	I IIIO OFF	(CE
8. The above	named entity submits this statement for t	ne purpose of changing its registe	red office or registe	red agent, or bo	oth, in the State of Florida	a Lam familiar with, and accent
	ions of registered agent.	· ·				
SIGNATURE	Signature, typed or printed name of registered agent and	Ititle if applicable (NOTE Register	ed Agent signature require	d when reinstating)		DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				.00 May Be ded to Fees		
10.	OFFICERS AND D	RECTORS	_			
TITLE NAME	PD DENIS, ALICE S					
STREET ADDRESS	1858 CROTON ROAD		I			
CITY-ST-ZIP	MELBOURNE, FL 32935					
TITLE NAME					00000008 9-9/04/09	37009 80040-012 150.00
STREET ADDRESS					00/01/00 0	00 to otc 100,00
CITY-ST-ZIP			_			
TITLE NAME			ų.			
STREET ADDRESS				DO	NOT WE	OITE
CITY-ST-ZIP			_			
I TITLE NAME				IN	THIS SPA	ACE
STREET ADDRESS						
CITY-ST-ZIP			_i			
TITLE						
STREET ADDRESS	Ì					
CITY-ST-ZIP	1		4 .			
TITLE NAME		· ·				
STREET ADDRESS			1			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 the empowered

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/08

Daylime Phone #