## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **DOCUMENT # P00000009729**

RUTH B. THACKER ENTERPRISES, INC.



Principal Place of Business

Mailing Address

C/O ROBERT FAULKNER, SUNTRUST BANK #307 2626 E OAKLAND PARK BLVD

P.O. BOX 14728

FT LAUDERDALE, FL 33302-4728

FT. LAUDERDALE, FL 33306

**FILED** Apr 09, 2007 8:00 am Secretary of State 04-09-2007 90085 015 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For 65-1097335 Not Applicable

5. Certificate of Status Desired

03152007

\$8.75 Additional Fee Required

954-165-7437

30 07

Date

CR2E034 (11/05)

6. Name and Address of Current Registered Agent

SIGNATURE: MUSICA TUSCICEM 12

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HUTTON, JACK W 2400 E. OAKLAND PARK BLVD. FT. LAUDERDALE, FL 33306-1102

## DO NOT WRITE IN THIS SPACE

No Chg-P

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 attell applicable. (NOTE: Registered Agent signature required when reinstating)  DATE						
rile nomin ree is sisolo		9. Election Campaign f Trust Fund Contribut		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THACKER, AUBREY L 308 WEST 103RD STREET #38 NEW YORK, NY 10025				·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD THACKER, JEFFREY L 2019 NE 14 COURT FORT LAUDERDALE, FL 33304					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODGERS, JACK A 2200 S OCEAN LANE, POINT OF AMERICA II FT LAUDERDALE, FL 33316			DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE 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 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 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.						