

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000009729

1. Entity Name
RUTH B. THACKER ENTERPRISES, INC.



Principal Place of Business

C/O ROBERT FAULKNER, SUNTRUST BANK #307
2626 E OAKLAND PARK BLVD
FT. LAUDERDALE, FL 33306

Mailing Address

P.O. BOX 14728
FT LAUDERDALE, FL 33302-4728

FILED
Jul 28, 2008 08:00 AM
Secretary of State



07092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1097335
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	THACKER, AUBREY L
STREET ADDRESS	308 WEST 103RD STREET #38
CITY- ST- ZIP	NEW YORK, NY 10025
TITLE	VPD
NAME	THACKER, JEFFREY L
STREET ADDRESS	2019 NE 14 COURT
CITY- ST- ZIP	FORT LAUDERDALE, FL 33304
TITLE	D
NAME	RODGERS, JACK A
STREET ADDRESS	2200 S OCEAN LANE, POINT OF AMERICA II
CITY- ST- ZIP	FT LAUDERDALE, FL 33316
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000956515
07/28/08-80007-002 150.00

**DO NOT WRITE
IN THIS SPACE**

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 like empowered.

SIGNATURE:

AUBREY L THACKER PRES. 7-22-08 954 565 8184

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #