## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 23, 2004 8:00 am DOCUMENT # P00000035376 **Secretary of State** 1. Entity Name 02-23-2004 90031 025 \*\*\*150.00 RUBINELLI, INC. Principal Place of Business Mailing Address 3940 RADIO ROAD SUITE 108 3940 RADIO ROAD SUITE 108 NAPLES FL 34104 NAPLES FL 34104 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Ruby Construction Suite, Apt. #, et Ruby Construction CR2E034 (11/03) 2430 Vanderbilt Beach Rd # 108-345 <del>2430 Vandertiili Beach Rd # 108-345</del> 4. FEI Number Applied For Naples, FL, 34109 59-3659464 Naples, FL, 34109 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RUBINELLI, FRANK Street Address (P.O. Box Number is Not Acceptable) 3940 RADIO ROAD SUITE 108 NAPLES FL 34104 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Change Addition ☐ Delete TITLE TITLE RUBINELLI, FRANK NAME NAME 3940 RADIO ROAD, SUITE 108 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 34104 CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE RUBINELLI, FRANK NAME NAME 3940 RADIO ROAD, SUITE 108 STREET ADDRESS STREET ADDRESS NAPLES FL 34104 CITY-ST-7IP CITY-ST-ZIP ■ Addition TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

**FILED** 

Daytime Phone #