## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000059769

Entity Name: RUBYCO, INC.

FILED Feb 04, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	New Principal Place of Business:	
8990 STATE ROAD 84 DAVIE, FL 33324			8990 STATE ROAD 84 DAVIE, FL 33324 US		
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
8990 STA <sup>*</sup> DAVIE, FL	TE ROAD 84 . 33324		8990 STATE ROAD 84 DAVIE, FL 33324 US		
FEI Number	: 65-1021380	FEI Number Applied For()	FEI Number Not Applicable ( ) Certificate of St	atus Desired ( )	
Name and	d Address of C	Current Registered Agent:	Name and Address of New Registered	d Agent:	
SCRUBY, MARY K 10831 SW 51 CT FORT LAUDERDALE, FL 33328 US			SCRUBY, MARY K DPS 10831 SW 51 CT FORT LAUDERDALE, FL 33328 US	10831 SW 51 CT	
	e named entity e of Florida.	submits this statement for the	ourpose of changing its registered office or register	ed agent, or both,	
SIGNATURE: MARY K SCRUBY			02/04/20	009	
	Electror	nic Signature of Registered Ag	ent Date		
Election Ca	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	SCRUBY, MAR 10831 SW 51 (		Title: ( ) Change ( ) Additi Name: Address: City-St-Zip:	ion	
Title: Name: Address: City-St-Zip:	SCRUBY, ROB 10831 SW 51 (		Title: ( ) Change ( ) Additi Name: Address: City-St-Zip:	ion	
Title: Name: Address: City-St-Zip:	KROLL, RICHA 1100 COLONY	Delete RD A SR POINT - BLDG 3 APT 122 NES, FL 33026 US	Title: ( ) Change ( ) Additi Name: Address: City-St-Zip:	ion	
Title: Name: Address: City-St-Zip:	DS ( SCRUBY, MICH 6670 CLEVELA HOLLYWOOD,	ND ST	Title: DS (X) Change ( ) Addit Name: SCRUBY, MICHAEL A Address: 6670 CLEVELAND ST City-St-Zip: HOLLYWOOD, FL 33024 US	ion	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY K SCRUBY DPS 02/04/2009