

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90216 023 \*\*\*150.00

**DOCUMENT # P00000086805**

1. Entity Name  
**RUTHERFORD PROPERTIES, INC.**



Principal Place of Business  
**11016 N. DALE MABRY HWY.  
TAMPA, FL 33618**

Mailing Address  
**11016 N. DALE MABRY HWY.  
#201  
TAMPA, FL 33618**

**54039516**



2. Principal Place of Business  
**916 Walt Williams Rd.**

3. Mailing Address  
**916 Walt Williams Rd.**

Suite, Apt. #, etc.

04142004 Chg-P CR2E034 (10/03)

City & State  
**Lakeland, FL**

City & State  
**Lakeland, FL**

Zip  
**33809**

Country  
**USA**

Zip  
**33809**

Country  
**USA**

4. FEI Number  
**59-3693832**

Applied For  
☐ Not Applied

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**RUTHERFORD, THOMAS S ESQ.  
11016 N. DALE MABRY HWY.  
TAMPA, FL 33618**

7. Name and Address of New Registered Agent

Name  
**RUTHERFORD, THOMAS S. ESQ.**

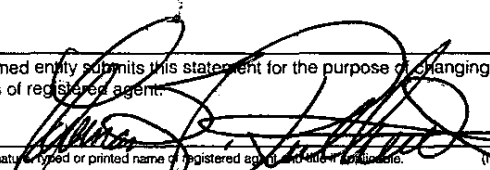
Street Address (P.O. Box Number is Not Acceptable)  
**916 WALT WMS. RD.**

**LAKELAND**

City  
**LAKELAND**

FL Zip Code  
**33809**

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 acknowledge the obligations of registered agent.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating)

DATE **4/19/04**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Ad	
NAME	RUTHERFORD, THOMAS S			NAME	RUTHERFORD, THOMAS S.		
STREET ADDRESS	11016 N. DALE MABRY HWY.			STREET ADDRESS	916 Walt Williams Rd		
CITY-ST-ZIP	TAMPA, FL 33618			CITY-ST-ZIP	Lakeland, FL 33809		
TITLE	TD	<input checked="" type="checkbox"/> Delete		TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Ad	
NAME	RUTHERFORD, REBEKAH B			NAME	RUTHERFORD, REBEKAH B.		
STREET ADDRESS	11016 N. DALE MABRY HWY.			STREET ADDRESS	916 Walt Williams Rd		
CITY-ST-ZIP	TAMPA, FL 33618			CITY-ST-ZIP	Lakeland, FL 33809		
TITLE	VSD	<input checked="" type="checkbox"/> Delete		TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Ad	
NAME	RUTHERFORD, THOMAS S JR.			NAME	RUTHERFORD, THOMAS S. JR.		
STREET ADDRESS	11016 N. DALE MABRY HWY.			STREET ADDRESS	916 Walt Williams Rd		
CITY-ST-ZIP	TAMPA, FL 33618			CITY-ST-ZIP	Lakeland, FL 33809		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Ad	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Ad	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Ad	
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 changed, or on an attachment with an address, with all other like empowered.