


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 09, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000086805 1. Entity Name RUTHERFORD PROPERTIES, INC.	
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Principal Place of Business 916 WALT WILLIAMS RD. LAKELAND, FL 33809	Mailing Address 916 WALT WILLIAMS RD LAKELAND, FL 33809 US
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05072007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3693832	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RUTHERFORD, THOMAS S ESQ. 916 WALT WILLIAMS RD. LAKELAND, FL 33809

**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 THOMAS RUTHERFORD, ESQ. DATE 5-7-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007

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

U000000763442
05/30/07-80010-002 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUTHERFORD, THOMAS S 916 WALT WILLIAMS RD. LAKELAND, FL 33809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RUTHERFORD, REBEKAH B 916 WALT WILLIAMS RD. LAKELAND, FL 33809
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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: Rebekah B. Rutherford
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-7-07 (813) 265-4030
Date Daytime Phone #