

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000086805**

1. Entity Name  
RUTHERFORD PROPERTIES, INC.



Principal Place of Business  
916 WALT WILLIAMS RD.  
LAKELAND, FL 33809

Mailing Address  
916 WALT WILLIAMS RD  
LAKELAND, FL 33809 US



04152008 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 ☐ \$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

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**  
**After May 1, 2008 Fee will be \$550.00**

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

U000000903450  
05/06/08-80071-011 150.00

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME RUTHERFORD, THOMAS S  
STREET ADDRESS 916 WALT WILLIAMS RD.  
CITY-ST-ZIP LAKELAND, FL 33809

TITLE TD  
NAME RUTHERFORD, REBEKAH B  
STREET ADDRESS 916 WALT WILLIAMS RD.  
CITY-ST-ZIP LAKELAND, FL 33809

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/08 (813)265-4030