

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED 1052**  
**Jul 22, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000001228

1. Entity Name  
RUSH PROPERTIES, INC.



Principal Place of Business  
2202 CASEY KEY ROAD  
SARASOTA, FL 34275

Mailing Address  
2202 CASEY KEY ROAD  
SARASOTA, FL 34275



07122005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FBI Number  
65-1070998

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

SEIDER, WILLIAM M  
200 SOUTH ORANGE AVENUE  
SARASOTA, FL 34236

**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  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P  
NAME SEIDER, HOWARD A  
STREET ADDRESS 5904 RIVERVIEW LANE  
CITY-ST-ZIP BRADENTON, FL 34209

TITLE V  
NAME TYLER, PATRICIA A  
STREET ADDRESS 2202 CASEY KEY ROAD  
CITY-ST-ZIP NOKOMIS, FL 34275

TITLE VST  
NAME SEIDER, WILLIAM  
STREET ADDRESS 200 SOUTH ORANGE AVENUE  
CITY-ST-ZIP SARASOTA, FL 34236

TITLE AS  
NAME TYLER, THOMAS  
STREET ADDRESS 5118 FAR OAK CIRCLE DRIVE  
CITY-ST-ZIP SARASOTA, FL 34238

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000374049  
07/22/05-80006-005 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*Patricia A. Tyler*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/19/05  
Date

941-966-5424  
Daytime Phone