2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000003752

MAGGIE RULEY, INC.



Principal Place of Business

17135 ALLAMANDA DR. W. SUMMERLAND KEY, FL 33042 Mailing Address

17135 ALLAMANDA DR. W. SUMMERLAND KEY, FL 33042

FILED

Apr 26, 2004 8:00 am Secretary of State

04-26-2004 90425 015 ***150.00

DO NOT WRITE IN THIS SPACE

03032004 No Chg-P CR2E034 (10/03) Applied For 4. FEI Number 65-1084776 Not Applicable \$8.75 Additional

5. Certificate of Status Desired

Fee Required

305-296.8269

6. Name and Address of Current Registered Agent

RULEY, MAGGIE 17135 ALLAMANDA BR. W. SUMMERLAND KEYFE 33042

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DO NOT WRITE IN THIS SPACE

	₹Fee				
38. 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 it	applicable. (NOTE: Registered	Agent signature	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.			cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RULEY, MAGGIE 17135 ALLAMANDA DR. W. SUMMERLAND KEY, FL 33042				
NAME	<u>-</u>	* · · · · · · · · · · · · · · · · · · ·		*= = /	يانه الريافي والمهيه يحميك الرابات الرابات المالية
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STREET ADDRESS CITY-ST-ZIP		;			
	cartify that the information expended with this file	ing does not qualify for the ever	notion state	d in Section 110 07/21/	i) Elevido Chabana I further cortife that the information
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 11 if					
changed, or on an attachment with an address, with all other like empowered.					