

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 29, 2006 8:00 am
Secretary of State

08-29-2006 90004 047 ***150.00

DOCUMENT # P01000033700 1. Entity Name RUSTY HYSLOPE, INC.					
Principal Place of Business 12765 W FOREST HILL BLVD #1305 WELLINGTON, FL 33414			Mailing Address 12765 W FOREST HILL BLVD #1305 WELLINGTON, FL 33414		
2. Principal Place of Business 1121 BACOM POINT RD Suite, Apt. #, etc.			3. Mailing Address 1121 BACOM POINT RD Suite, Apt. #, etc.		
City & State PAHOKEE, FI Zip 33476 Country US			City & State PAHOKEE, FI Zip 33476 Country US		
4. FEI Number 65-1092123			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			05042006 Chg-P CR2E034 (11/05)		
6. Name and Address of Current Registered Agent HYSLOPE, RUSTY 201 NE 7TH ST BELLE GLADE, FL 33430			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HYSLOPE, RUSTY 201 NE 7TH ST BELLE GLADE, FL 33430	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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			Date 6/12/06 Daytime Phone # 561-2852		