

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000082464

1. Entity Name
RUTH ASSOCIATES, INC.



Principal Place of Business
**923 N. JOHN YOUNG PARKWAY
KISSIMMEE, FL 34741**

Mailing Address
**14006 ISLAMORADA DRIVE
ORLANDO, FL 32837**



04052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3740280	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

**MORALES, JULIO M
923 N JOHN YOUNG PKWY
KISSIMMEE, FL 34747**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	MORALES, JULIO M
STREET ADDRESS	923 N. JOHN YOUNG PARKWAY
CITY-ST-ZIP	KISSIMMEE, FL 34741

TITLE	V
NAME	MORALES, RUTH N
STREET ADDRESS	923 N. JOHN YOUNG PARKWAY
CITY-ST-ZIP	KISSIMMEE, FL 34741

TITLE	S
NAME	MORALES, RISELDA J
STREET ADDRESS	923 N. JOHN YOUNG PARKWAY
CITY-ST-ZIP	KISSIMMEE, FL 34741

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/28/06-80036-014 150.00

**DO NOT WRITE
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

4/11/06
Date

407-846-1114
Daytime Phone #