## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## ANNUAL REPORT

DOCUMENT # P01000088852 1. Enbly Name THAI RUBY, INC.

Principal Place of Business

Mailing Address

16530 KERRY HILLS LANE SPRING HILL, FL 34610 16530 KERRY HILLS LANC SPRING HILL, FL 34610

## FILED Jan 23, 2004 08:00 AM Secretary of State



01122004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3746492

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

TORRENCE, ALFRED W JR. 6645 RIDGE ROAD PORT RICHEY, FL 34668

## DO NOT WRITE IN THIS SPACE

PORT RICHEY, FL 34668			IN THIS SPACE		
	named entity submits this statement for the pions of registered agent.	urpose of changing its registered	office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE   Signature typed or grinted name of registered agont and title 4 applicable (NOTE Registered A			Agent signature required when renstating) DAR		
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Finance     Trust Fund Contribution.	ing	\$5.00 May Se Added to Fees	
10.	IO. OFFICERS AND DIRECTORS				
THEE NAME STREET ADDRESS GHY-ST-ZIP HILE	D MCDANIEL, KEITH J 16530 KERRY HILLS LANE SPRING HILL, FL 34610		00000010650 01/23/04-80006-004 150.00		
NAME STREET ADDRESS CITY -ST-ZIP RILE					
NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE		
THE NAME STREET ADDRESS CUTY STITIP			IN THIS SPACE		
HHLE NAME STREET ADDRESS CHY-ST ZIP					
TITLE		1			

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 807. 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:

NAME STREET ADDRESS CITY-ST-ZIP

LETTH J. M. CJANICE.

17904

813 760 9798

Daytime Phone #