

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90025 032 ***158.75

DOCUMENT # P02000046804

1. Entity Name

RUTLAND CONSTRUCTION CO., INC.



Principal Place of Business

4904 C.R. 307
LAKE PANASOFFKEE FL 33538

Mailing Address

POST OFFICE BOX 1109
LAKE PANASOFFKEE FL 33538-1109

2. Principal Place of Business

8538 E GULF TO LAKE HWY

Suite, Apt. #, etc.

3. Mailing Address

8538 E GULF TO LAKE HWY

Suite, Apt. #, etc.

City & State
INVERNESS, FL 34450

City & State
INVERNESS, FL 34450

4. FEI Number

02-0600787

Applied For

Not Applicable

Zip
34450

Country
FLORIDA

Zip
34450

Country
FLORIDA

5. Certificate of Status Desired

☒ **CR**

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COCKE, W A
4904 C.R. 307
LAKE PANASOFFKEE FL 33538

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

W. A. Cocke

W. A. COCKE, PRES.

1/23/2004

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
COCKE, W A
POST OFFICE BOX 1109
LAKE PANASOFFKEE FL 33538 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE:

W. A. Cocke

W. A. COCKE, PRES.

1/23/2004

352-726-6527

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #