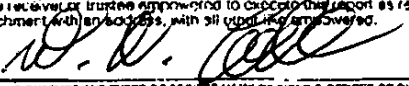


FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90483 033 ***158.75

**2006 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P02000046804			
1. Entity Name RUTLAND CONSTRUCTION CO., INC.			
Principal Place of Business 8538 E GULF TO LAKE HWY. GFRUS, FL 34450 INVERNESS, FL 34450		Mailing Address 8538 E GULF TO LAKE HWY. GFRUS, FL 34450 INVERNESS, FL 34450	
2. Principal Place of Business		3. Mailing Address P.O. Box 1039	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Lake Panasoffkee, FL	
Zip	Country	Zip	Country
		33538	
4. FF Number 02-0600787		Applied For Not Applicable	
5. Certificate of Status Debit \$8.75 Additional Fee Required		Chg-P CR2E034-11/05	
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 establishing no registered office or registered agents, 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 of position (Name of registered agent also required when checked) 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSY COCKE, W A POST OFFICE BOX 1109 LAKE PANASOFFKEE, FL 33538 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 as required, or certain attachment with an address, with all required amendments.			
SIGNATURE: 		4/27/06	
W.A. COCKE		Date	