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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.

50017944

Principal Place of Business	Mailing Address
8538 E GULF TO LAKE HWY. ~~CITRUS, FL 34450~~ INVERNESS, FL 34450	8538 E GULF TO LAKE HWY. ~~CITRUS, FL 34450~~ INVERNESS, FL 34450

02202006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
		P.O Box 1039	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Lake Panasoffkee	
Zip	Country	Zip 33538	Country

4. FEI Number 02-0600787 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COCKE, W A 4904 C.R. 307 LAKE PANASOFFKEE, FL 33538	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 ________________________ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 11	
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	☐ 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
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: W. A. Cocke 4/27/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — W. A. COCKE | Date | Daytime Phone #