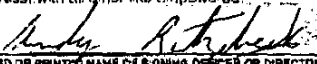


FILED
Jul 16, 2004 8:00 am
Secretary of State

07-16-2004 90007 024 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000049676		
1. Entity Name ANDY R. RUTZEBECK P.A.		
Principal Place of Business 8027 S. ORANGE AVE ORLANDO, FL 32809		Mailing Address PO BOX 121484 CLERMONT, FL 34712 CENTER HILL FL 33514
54062676		
DO NOT WRITE IN THIS SPACE		
		
03082003 No Chg-P CR2E034 (10/03)		
4. FEI Number 30-0074179		Applied For Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
5. Name and Address of Current Registered Agent		
RUTZEBECK, ANDY R 8027 S. ORANGE AVE ORLANDO, FL 32809		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, and I hereby certify that the information furnished is true and correct to the best of my knowledge and belief.		
SIGNATURE _____ (NOTE: Registered Agent signature required when changing)		
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS		
TITLE	OF	
NAME	RUTZEBECK, ANDY R	
STREET ADDRESS	PO BOX 121484	
CITY-ST-ZIP	CLERMONT, FL 34712 CENTER HILL FL 33514	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), 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:  7/16/04 335143390		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		