

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90060 007 ***158.75

DOCUMENT # P02000050376

1. Entity Name

BRENT RUBERG, INC.



Principal Place of Business

**25747 APPLE BLOSSOM LANE
WESLEY CHAPEL FL 33544**

Mailing Address

**25747 APPLE BLOSSOM LANE
WESLEY CHAPEL FL 33544**

40021744



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

25747 Apple Blossom

3. Mailing Address

(SAME)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Wesley Chapel, FL

City & State

(SAME)

Zip

33544

Country

USA

Zip

(SAME)

Country

(SAME)

4. FEI Number

51-0424080

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

**RUBERG, ANTHONY BRENT
25747 APPLE BLOSSOM LANE
WESLEY CHAPEL FL 33544**

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

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, 2005 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 **O** ☐ Delete
NAME **RUBERG, ANTHONY BRENT**
STREET ADDRESS **25747 APPLE BLOSSOM**
CITY-ST-ZIP **WESLEY CHAPEL FL 33544**

TITLE **CO** ☐ Delete
NAME **RUBERG, DENISE**
STREET ADDRESS **25747 APPLE BLOSSOM**
CITY-ST-ZIP **WESLEY CHAPEL FL 33544**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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)(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:

Denise A. Ruberg

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-110-05 #813-994-1413

Date

Daytime Phone #