## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 19, 2004 08:00 AM Secretary of State **DOCUMENT # P02000082705** RUSHWORKS, INC. Principal Place of Business Mailing Address 8740 PEBBLE CREEK LANE 8740 PEBBLE CREEK LANE SARASOTA, FL 34238 SARASOTA, FL 34238 04142004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number **NOT APPLICABLE** Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RUSH, JOHN F DO NOT WRITE 8740 PEBBLE CREEK LANE SARASOTA, FL 34238 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. SIGNATURE (NOTE Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 U00000120673 Trust Fund Contribution. Added to Fees 20/04-80019-011 150.00 OFFICERS AND DIRECTORS 10. 331 F NAME RUSH, JOHN F STREET ADDRESS 8740 PEBBLE CREEK LANE CITY-ST-ZIP SARASOTA, FL 34238 THILE RUSH, ANNE M NAME STREET ADDRESS 8740 PEBBLE CREEK LANE SARASOTA, FL 34238 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP 7175 5 NAME STREET ADDRESS

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:

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

deux M. Rosh

ANNE M. RUSH

4/15/04

**FILED** 

941-918-44-97