2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 17, 2006 8:00 am Secretary of State

1. Entity Name	MENT # P030000043 RUCKING, INC.		01-	-17-2006 90	0229 025	***150.0	00	
Principal Place	of Business	Mailing Address		7				
		2955 MIDDLE RD Ft Pierce, Fl 34981						
2. Principal Pla	ace of Business							
Suite, Apt. #, etc. 4720 Kirby loop Rd 4720 Kirby			4 Loop Rd	ļ	Chg-P	CR2E0	34 (11/05)	
FORT State				l			plied For t Applicable	
34981 E	Country C	34981	Country	5. Certificate of St			\$8.75 Add Fee Required	
	6. Name and Address of Current R	7. Name and Add	ress of New I	Registered A	gent			
MINOR, DO				<u></u>				
2955 MIDDLE RD ST FT PIERCE, FL 34981				treet Address (P.O. Box Number is Not Acceptable)				
	, = • • • •		4720	Kirbyl	100P	Rd		
			City FOR	+ Piènce		FL	Zip Code	981
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.								
Danie C 10 1								
SIGNATURE_	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE: F	Registered Agent signature requi	red when reinstating)		DATE		 -
FILE After Ma	: NOW!!! FEE IS \$150.00 y 1, 2006 Fee will be \$550.00	Election Campaign Trust Fund Contrib	· · · · ·	5.00 May Be ided to Fees				
10.	OFFICERS AND D	IRECTORS Delete	11.	ADDITIONS/CHA	NGES TO OF	FICERS AND		
NAME STREET ADDRESS	PD A MINOR, DONNIE © JR 2955 MIDDLE RD 47.20 K	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	*	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	
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12. I hereby certify that the information supplied with this filling 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: Worning C. Muna A. 1-6-06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Date Date Date Date Date								
	SIGNATURE AND TYPED OR PRI	NTED NAME OF SIGNING OFFICER OR	DIRECTOR		Date	De	aytime Phone #	