
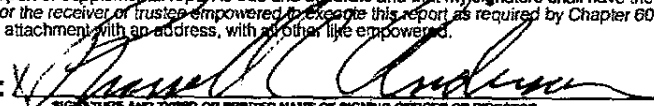


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 31, 2006 08:00 AM
Secretary of State**

DOCUMENT # P03000052370		
1. Entity Name RUSSETHY, INC.		
Principal Place of Business 4115 SE 18 PLACE UNIT 102 CAPE CORAL, FL 33904	Mailing Address P O BOX 150372 CAPE CORAL, FL 33915-0372	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ANDERSON, RUSSELL C 4115 SE 18 PLACE UNIT 102 CAPE CORAL, FL 33904		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.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANDERSON, RUSSELL C 4115 S.E. 18TH PLACE 102 CAPE CORAL, FL 33904	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ANDERSON, ETHELYN C 4115 S.E. 18TH PLACE 102 CAPE CORAL, FL 33904	
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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 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 another life empowered.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> RUSSELL C. ANDERSON		<small>Date</small> 1/20/2006 <small>Daytime Phone #</small>



01102006 No Chg-P CR2E034 (11/05)

4. FEI Number
55-0830362 Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

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02/08/06-80098-017 150.00