

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000059586	
1. Entity Name CHARLES RUFFIN INSTALLATION, INC.	

Principal Place of Business 319 PECAN AVE. SANFORD, FL 32771	Mailing Address P.O. BOX 4126 SANFORD, FL 32771
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DO NOT WRITE IN THIS SPACE



04042006 No Chg P CR2E034 (11/05)

4. FEI Number 20-0169990	Applied For ☐ Not Applicable
5. Certificate of Status Dashed ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**RUFFIN, CHARLES
319 PECAN AVE.
SANFORD, FL 32771**

**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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUFFIN, CHARLES P.O. BOX 4126 SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WHESTONE, LEROY 1849 LACY LANE SANFORD, FL 32771
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05/18/06-80051-024 150.00

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 all other like empowered.

SIGNATURE: *Charles Ruffin* **4/30/06** **321-945-1286**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR