

2004 FOR PROFIT CORPORATION ANNUAL REPORT

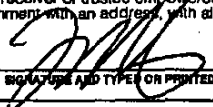
FILED
Jun 01, 2004 8:00 am
Secretary of State

04-30-2004 90293 015 ****50.00
06-01-2004 90002 021 ***100.00

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04152004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000131794					
1. Entity Name RUKAB CONSTRUCTION COMPANY, INC.					
Principal Place of Business 310 23RD STREET ST. AUGUSTINE, FL 32084			Mailing Address 310 23RD STREET ST. AUGUSTINE, FL 32084		
2. Principal Place of Business 3780 LAUREL STREET Suite, Apt. #, etc.			3. Mailing Address 3780 LAUREL STREET Suite, Apt. #, etc.		
City & State ST. AUGUSTINE, FL Zip 32084		Country ST. JOHNS		4. FEI Number 26-3311635 Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent HALL, CHARLES E 77 ALMERIA STREET ST. AUGUSTINE, FL 32084			7. Name and Address of New Registered Agent 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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD RUKAB, JOE C 310 23RD STREET ST. AUGUSTINE, FL 32084	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT RUKAB, JOE C 3780 LAUREL STREET ST. AUGUSTINE, FL 32084	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD RUKAB, JOANNE S 310 23RD STREET ST. AUGUSTINE, FL 32084	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS RUKAB, JOANNE S 3780 LAUREL STREET ST. AUGUSTINE, FL 32084	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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: 			Joe RUKAB 4/26/04 904 716 625		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		