
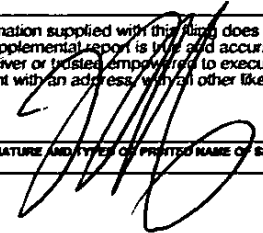


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90184 020 ***150.00

| | | | | | |
|--|--|---|---|--|--|
| DOCUMENT # P03000131794 1. Entity Name RUKAB CONSTRUCTION COMPANY, INC. | | | |  | |
| Principal Place of Business 3780 LAUREL STREET ST. AUGUSTINE, FL 32084 | | | Mailing Address 3780 LAUREL STREET ST. AUGUSTINE, FL 32084 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address <i>510 Fourteenth St</i> Suite, Apt. #, etc. <i>St. Augustine, FL</i> City & State | | | |
| City & State | | City & State | | 4. FEI Number 02182005 Chg-P CR2E034 (10/03) 26-3311635 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional - Fee Required | |
| Zip | | Country | | 6. Name and Address of Current Registered Agent HALL, CHARLES E 77 ALMERIA STREET ST. AUGUSTINE, FL 32084 | |
| Zip | | Country | | 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | PT RUKAB, JOE C 3780 LAUREL STREET SAINT AUGUSTINE, FL 32084 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | PT RUKAB, JOE C 510 Fourteenth St St Augustine, FL 32084 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VS RUKAB, JOANNE S 3780 LAUREL STREET ST. AUGUSTINE, FL 32084 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | VS Rukab Joanne S 510 Fourteenth St St Augustine, FL 32084 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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, when an other like empowered. | | | | | |
| SIGNATURE: X  | | | 4/8/05 Daytime Phone # | | |