

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000030723

1. Entity Name  
RUSSELL KUSTERBECK, INC.



FILED

05 APR 22 PM 4: 59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
14045 WEST PARSLEY  
MADEIRA BEACH, FL 33708

Mailing Address  
14045 WEST PARSLEY  
MADEIRA BEACH, FL 33708

2. Principal Place of Business  
13210 86<sup>th</sup> Ave N.  
Suite, Apt. #, etc.

3. Mailing Address  
13210 86<sup>th</sup> Ave N  
Suite, Apt. #, etc.



04112005 Chg-P CR2E034 (10/03) 150.00

City & State  
Seminole, FL  
Zip  
33774  
Country  
U.S.

City & State  
Seminole, FL 33774  
Zip  
33774  
Country  
U.S.

4. FEI Number ☒ Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

ZUFELT, ERIC S ESQ.  
4702 FIRST AVE. NORTH  
SAINT PETERSBURG, FL 33713

7. Name and Address of New Registered Agent

Name  
Russell Kusterbeck

Street Address (P.O. Box Number is Not Acceptable)

13210 86<sup>th</sup> Ave N

City  
Seminole

FL

Zip Code  
33774

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  
*Russell Kusterbeck*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-issuing)

DATE

4-18-05

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CEO  
KUSTERBECK, RUSSELL  
14045 WEST PARSLEY  
MADEIRA BEACH, FL 33708 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
COB  
KUSTERBECK, RUSSELL  
14045 WEST PARSLEY  
MADEIRA BEACH, FL 33708 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
200053821532  
05/04/05--01002--007 \*\$220.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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: *Russell Kusterbeck* Russell Kusterbeck 4-8-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727-204-3519

5/2 00