



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

40053538

<b>DOCUMENT # P04000058298</b> 1. Entity Name <b>MARK RUROEDE, INC.</b>																													
Principal Place of Business <b>1825 SE 5TH COURT CAPE CORAL, FL 33990 US</b>				Mailing Address <b>1825 SE 5TH COURT CAPE CORAL, FL 33990 US</b>																									
2. Principal Place of Business <b>2323 DELPRADO BLVD</b>		3. Mailing Address <b>2323 DELPRADO BLVD</b>																											
Suite, Apt. #, etc. <b># 7-297</b>		Suite, Apt. #, etc. <b># 7-297</b>		04052005 Chg-P CR2E034 (10/03)																									
City & State <b>CAPE CORAL, FL</b>		City & State <b>CAPE CORAL FL</b>		4. FEI Number <b>20-0967153</b>																									
Zip <b>33990</b> Country <b>LEE</b>		Zip <b>33990</b> Country <b>LEE</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent  <b>RUROEDE, MARK 1825 SE 5TH COURT CAPE CORAL, FL 33990</b>				7. Name and Address of New Registered Agent Name <b><del>MARK RUROEDE</del></b> Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <b>MARK RUROEDE</b> DATE <b>4-5-05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees <small>Trust Fund Contribution.</small>																										
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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: <b>MARK RUROEDE</b> DATE: <b>4-5-05</b> DAYTIME PHONE: <b>239/839-5965</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													