


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2005 8:00 am
Secretary of State

02-01-2005 90028 009 ***150.00

DOCUMENT # P04000119052					
1. Entity Name RUSH FLYERS, INC.					
Principal Place of Business 6561 NW 18TH COURT PLANTATION, FL 33313			Mailing Address 6561 NW 18TH COURT PLANTATION, FL 33313		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ROLNICK, HERBERT H 9734 W SAMPLE RD CORAL SPRINGS, FL 33065				Name: ERENS, RICHARD B Street Address (P.O. Box Number is Not Acceptable) 6561 NW 18th Court City: Plantation FL Zip Code: 33313	
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: <u>By R. B. Erens, President</u> (NOTE: Registered Agent signature required when reinstating) DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00			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	D ERENS, RICHARD B <input type="checkbox"/> Delete 6561 NW 18TH COURT PLANTATION, FL 33313		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROLNICK, HERBERT H <input checked="" type="checkbox"/> Delete 9734 W SAMPLE RD CORAL SPRINGS, FL 33065		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>By R. B. Erens, President</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: _____ Daytime Phone: _____					

00000355



01192005 Chg-P CR2E034 (10/03)

4. FEI Number 20-1506060 Applied For ☐ Not Applicable ☐

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

Name: ERENS, RICHARD B

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

6561 NW 18th Court

City: Plantation

FL

Zip Code: 33313

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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Trust Fund Contribution. ☐

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CITY-ST-ZIP

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SIGNATURE:

By R. B. Erens, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #