2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000129128

1. Entity Name THAI RUBY AT LAKE SUMTER, INC



FILED
Mar 01, 2006 08:00 AN
Secretary of State

Principal Place of Business

Mailing Address

16530 KERRY HILLS LANE SPRING HILL, FL 34610 US 16530 KERRY HILLS LANE SPRING HILL, FL 34610 US



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01242006 No Chg-P CR2E034 (11/05)

4. FEI Number 51-0524344

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TORRENCE, ALFRED W JR 6645 RIDGE ROAD PORT RICHEY, FL 34668

DO NOT WRITE IN THIS SPACE

a. The above the obligat	e named entity submits this statement for the p trons of registered agent.	urpose of changing its regi	stered office or re	egistered agent, or bo	th, in the State of Florida. I am famillar with, and accept
SIGNATURE.					
O/O//ATOTIL	Signature, typed or printed name of registered agent and title if	applicable (NOTE, Reg	istered Agent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign F Trust Fund Contribut		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
NAME STREET ADDRESS CITY-SI-ZIP	P MCDANIEL, KEITH 16530 KERRY HILLS LANE SPRING HILL, FL 34610		::		UUOONN452147
TITLE NAME STREET ADDRESS CHY-SI-ZIP	ST MCDANIEL, SOMPHOT 16530 KERRY HILLS LANE SPRING HILL, FL 34610				03/11/05-80015-006 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CHY+ST-ZIP				IN ⁻	THIS SPACE
NAME SIREET ADDRESS CITY-SI-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					••

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

IGNATURE AND THEE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2 27-06 813-760 9798