


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 01, 2006 08:00 AM  
Secretary of State

DOCUMENT # P04000135737

1. Entity Name  
WILLIAM RUTT, INC.



Principal Place of Business  
10915 CHILDERS ST  
BONITA SPRINGS FL 34135

Mailing Address  
10915 CHILDERS ST  
BONITA SPRINGS FL 34135



2. Principal Place of Business  
10915 Childers St  
Suite, Apt. #, etc.

3. Mailing Address  
10915 Childers St  
Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State  
Bonita Springs, FL  
Zip  
34135  
Country  
U.S.

City & State  
Bonita Springs, FL  
Zip  
34135  
Country  
U.S.

4. FEI Number 37-1497296  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
RUTT, WILLIAM  
10915 CHILDERS ST  
BONITA SPRINGS FL 34135

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 re-instating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 RUTT, WILLIAM 10915 CHILDERS ST BONITA SPRINGS FL 34135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
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02/10/06-80093-001 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: William Rutt William Rutt 1/30/06 239 992 7919  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #