

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90195 001 ***150.00

DOCUMENT # P04000160883



1. Entity Name
RUSTBUSTERS OF S.W. FLORIDA, INC.

Principal Place of Business
**3120 WINKLER AVE
FORT MYERS, FL 33901**

Mailing Address
**3120 WINKLER AVE
FORT MYERS, FL 33901**



2. Principal Place of Business
500 SE 8TH PLACE

3. Mailing Address
500 SE 8TH PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02222006 Chg-P CR2E034 (11/05)

City & State
CAPE CORAL, FL

City & State
CAPE CORAL, FL

4. FEI Number
05-0612566

Applied For
Not Applicable

Zip
33990

Country
US

Zip
33990

Country
US

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

6. Name and Address of Current Registered Agent

**MOORE, NORMAN J
1412 WINDSOR COURT
CAPE CORAL, FL 33904**

7. Name and Address of New Registered Agent

Name

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

500 SE 8th Place

City
CAPE CORAL

FL

Zip Code
33990

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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
**P
MOORE, NORMAN J
1412 WINDSOR COURT
CAPE CORAL, FL 33904** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
MOORE, PHYLLIS
1412 WINDSOR COURT
CAPE CORAL, FL 33904** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TRES
MOORE, NORMAN J
1412 WINDSOR COURT
CAPE CORAL, FL 33904** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SEC
MOORE, PHYLLIS
1412 WINDSOR COURT
CAPE CORAL, FL 33904** ☐ 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
**500 SE 8th Place
33990**

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

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: *Norman J. Moore* **Norman J. MOORE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-06

Date

239-573-7544

Daytime Phone #