


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90313 020 ***150.00

DOCUMENT # P05000031664																				
1. Entity Name RUCKER INSPECTION SERVICES, INC.																				
Principal Place of Business 18320 LYNN ROAD NORTH FORT MYERS, FL 33917			Mailing Address C/O ROBERT D. ROYSTON, JR., ESQ. P.O. DRAWER 60205 FORT MYERS, FL 33906																	
2. Principal Place of Business		3. Mailing Address																		
Suite, Apt. #, etc.		Suite, Apt. #, etc.																		
City & State		City & State																		
Zip		Country		Zip																
Country		Country		Country																
4. FEI Number 05-0618183																				
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																				
6. Name and Address of Current Registered Agent																				
ROYSTON, JR., ROBERT D ESQ. 12670 NEW BRITTANY BLVD., SUITE 101 FORT MYERS, FL 33907																				
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 reinstating) DATE _____																				
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00																				
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																				
10. OFFICERS AND DIRECTORS																				
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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: _____ 06-18-06																				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																				