

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000031664

1. Entity Name
RUCKER INSPECTION SERVICES, INC.



**FILED
Apr 23, 2007 8:00 am
Secretary of State**

04-23-2007 90098 040 ***150.00

40076000

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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent ROYSTON, JR., ROBERT D ESQ. 12670 NEW BRITTANY BLVD, SUITE 101 FORT MYERS, FL 33907			



03072007 Chg-P CR2E034 (12/06)

4. FEI Number 05-0618183	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when translating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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				
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p>RUCKER, BRYAN J 18320 LYNN ROAD NORTH FORT MYERS, FL 33917</p>		<input type="checkbox"/> Delete	<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p>VPST RUCKER, TAMARA V 18320 LYNN ROAD NORTH FORT MYERS, FL 33917</p>		<input type="checkbox"/> Delete	<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>	<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 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:

SIGNATURE AND COPIED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #