

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90423 018 ***158.75

DOCUMENT # P05000062223

1. Entity Name

RUS AUTO, INC.



Principal Place of Business

4615 SCOTT ROAD
LUTZ FL 33558

Mailing Address

4615 SCOTT ROAD
LUTZ FL 33558

2. Principal Place of Business

106 W Seneca Ave

3. Mailing Address

4615 Scott Road

Suite, Apt. #, etc.

51

Suite, Apt. #, etc.

City & State

Tampa

City & State

Lutz FL

Zip

33612

Country

Hillsborough

Zip

33558

Country

Hillsborough

1st MOORE

CR2E034 (10/05)

4. FEI Number

34-2047-952

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MISCHENKO, SERGEY
4615 SCOTT ROAD
LUTZ FL 33558

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 reinstating)

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

TITLE P
NAME CHEPURKO, ANTON ☒ Delete
STREET ADDRESS 15501 RED EAR CT
CITY-ST-ZIP RIVERVIEW FL 33659

TITLE VP
NAME MISCHENKO, SERGEY ☐ Delete
STREET ADDRESS 4615 SCOTT ROAD
CITY-ST-ZIP LUTZ FL 33558

TITLE
NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE no longer in the ☐ Change ☐ Addition
NAME business

STREET ADDRESS

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

TITLE ☐ Change ☐ Addition
NAME

STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Sergey Mischenko 4-8-06