

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000092255

1. Entity Name
RUNO ENTERPRISES, INC.



**FILED
Apr 27, 2006 8:00 am
Secretary of State**

04-27-2006 90157 024 ***150.00

400064330



04062006 Chg-P CR2E034 (11/05)

4. FEI Number 06-1250037	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

RUNO, PATRICK C
662 KEY ROYALE DRIVE
HOLMES BEACH, FL 34217

Name **RUNO, FRANK, C.**

Street Address (P.O. Box Number is Not Acceptable)
209 B - 83RD ST

City **HOLMES BEACH** FL **34217**

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 *Frank C. Runo*

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

(NOTE: Registered Agent signature required when reinstating)

DATE *4-23-06*

4-23-06

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 PSD
NAME RUNO, FRANK C
STREET ADDRESS 11589 32ND AVENUE
CITY-ST-ZIP PLEASANT PRAIRIE, WI 53158

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition

**209 B - 83 RD ST.
HOLMES BCH FL 34217**

TITLE VTD
NAME RUNO, PATRICK C
STREET ADDRESS 662 KEY ROYALE DRIVE
CITY-ST-ZIP HOLMES BEACH, FL 34217

Delete

TITLE VTD
NAME RUNO, TERI L.
STREET ADDRESS 209 B - 83RD ST.
CITY-ST-ZIP HOLMES BEACH, FL 34217

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
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Change Addition

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CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 *Frank C. Runo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #