

**2008 FOR PROFIT CORPORATION.
ANNUAL REPORT**

FILED
Jan 10, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000153854

1. Entity Name
RUBY AND OPAL, INC.



Principal Place of Business
**4848 S APOPKA VINELAND ROAD
STE 212
ORLANDO, FL 32819**

Mailing Address
**3222 WATERBRIDGE COURT
KISSIMMEE, FL 34744**



01062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4239815

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GALLUP, JAMES C
3222 WATERBRIDGE COURT
KISSIMMEE, FL 34744**

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PRES
NAME	GALLUP, MARGARET A PRES
STREET ADDRESS	3222 WATERBRIDGE COURT
CITY-STATE-ZIP	KISSIMMEE, FL 34744

TITLE	VP
NAME	GALLUP, JAMES C VP
STREET ADDRESS	3222 WATERBRIDGE COURT
CITY-STATE-ZIP	KISSIMMEE, FL 34744

TITLE	TREA
NAME	GALLUP, JAMES C TREAS
STREET ADDRESS	3222 WATERBRIDGE COURT
CITY-STATE-ZIP	KISSIMMEE, FL 34744

TITLE	SEC
NAME	GALLUP, MARGARET T SEC
STREET ADDRESS	3222 WATERBRIDGE COURT
CITY-STATE-ZIP	KISSIMMEE, FL 34744

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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01/10/08-80009-018 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *Margaret A Gallup*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARGARET A. GALLUP

1/7/08

Date

407-957-3790

Daytime Phone #