

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # P06000140752

1. Entity Name  
**STRAIGHTLINE MANAGEMENT SERVICES INC**



Principal Place of Business  
**3350 ULMERTON ROAD  
14  
CLEARWATER, FL 33762 US**

Mailing Address  
**3350 ULMERTON ROAD  
14  
CLEARWATER, FL 33762 US**



01152008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-5857688</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**RUTIG, FRANK E  
8509 TIDAL BAY LANE  
TAMPA, FL 33635**

**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	PTD
NAME	RUTIG, FRANK E
STREET ADDRESS	8509 TIDAL BAY LANE
CITY-ST-ZIP	TAMPA, FL 33935
TITLE	VPD
NAME	MONTOYA, EDISON J
STREET ADDRESS	11917 NICKLAUS CIRCLE
CITY-ST-ZIP	TAMPA, FL 33624
TITLE	SD
NAME	MALLOY, TIMOTHY
STREET ADDRESS	386 VENTURA DRIVE
CITY-ST-ZIP	OLDSMAR, FL 34677
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000807016  
02/06/08-80066-003 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/08 727-592-0610  
Date Daytime Phone #