

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000074873

**FILED**  
**Jan 10, 2012**  
**Secretary of State**

**Entity Name:** RUSTIC STYLE AND CABINS, INC.

**Current Principal Place of Business:**

505 NE PARK STREET  
OKEECHOBEE, FL 34972 US

**New Principal Place of Business:**

**Current Mailing Address:**

505 NE PARK STREET  
OKEECHOBEE, FL 34972 US

**New Mailing Address:**

**FEI Number:** 26-3152459

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SALMON, NITA  
888 HWY 441 SE  
OKEECHOBEE, FL 34974 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PVST  
**Name:** SALMON, NITA  
**Address:** 888 HWY 441 SE  
**City-St-Zip:** OKEECHOBEE, FL 34974 US

**Title:** D  
**Name:** SALMON, NITA  
**Address:** 888 HWY 441 SE  
**City-St-Zip:** OKEECHOBEE, FL 34974 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** NITA SALMON

**PRES**

**01/10/2012**

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date