2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 08:00 AM
Secretary of State

DOCUMENT # P09003

1. Entity Name
RURAL HOUSING SERVICES, INC.

Principal Place of Business	Mailing Address
1025 VERMONT AVENUE, N.W. SUITE 606 WASHINGTON, DC 20005-3516	613 S. 12TH STREET LEESBURG, FL 34748

DO NOT WRITE IN THIS SPACE

03072008 No Chg-P CR2E034 (11/05)

4. FEI Number
52-1306869
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MAGALSKI, BARBARA
613 S. 12TH STREET
LEESBURG, FL 34748

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	P
NAME	LOZA, MOISES
STREET ADDRESS	1025 VERMONT AVE NW #606
CITY-ST-ZIP	WASHINGTON, DC
TITLE	S
NAME	TUCKER, RICHARD
STREET ADDRESS	2032 BELMONT ROAD, NW., #508
CITY-ST-ZIP	WASHINGTON, DC 20009
TITLE	D
NAME	LINCOLN, RICHARD
STREET ADDRESS	111 EAST WISCONSIN AVE.
CITY-ST-ZIP	MILWAUKEE, WI 53202
TITLE	D
NAME	LOPEZ, ARTURO
STREET ADDRESS	778 WEST PALM DRIVE
CITY-ST-ZIP	FLORIDA CITY, FL 33034
TITLE	D
NAME	SINGLETARY, DEBRA D
STREET ADDRESS	26 WYOMING AVENUE
CITY-ST-ZIP	DOVER, DE 19901
TITLE	D
NAME	PICOTTE, WILLIAM BILL
STREET ADDRESS	399 EAST PRAIRIE ROAD
CITY-ST-ZIP	EAGLE BUTTE, SD 57625

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05/01/06-80025-013 150.00

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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] Moises Loza 4-13-06 (352) 306-3277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #