2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 16, 2007 8:00 am Secretary of State

DOCUMENT # P9300007008 1. Entity Name RUSTY'S OF PORT CANAVERAL, INC.							04-16-2007	7 90052 032 ***15	0.00
Principal Place of Business 628 GLENCHEEK DR. CAPE CANAVERAL, FL 32920 US Mailing Address 2 SOUTH ATLANTIC AVENU COCOA BEACH, FL 32931							184 BBAN BBAN 1884 BBAN 8848 18	M aa k 40. 4 23 0	
			3. Mailing Address 628 GlenCheek Dr.						
			Suite, Apt. #, etc.		٥.	4102007	Chg-P	CR2E034 (12/06)	
City & State		a	City & State Capt Carraveral, FC		4.	FEI Number 59-31623	328) 	oplied For ot Applicable
Zıp	Country		Zip 32920	Country US	5.	Certificate of	Status Desired	\$8.75 Add	
	6. Name and Addres	s of Current Regis	stered Agent	Name	7.	Name and A	ddress of New f	Registered Agent	
NASH, CHARLES 930 S. HARBOR BLVD STE 505 MELBOURNE, FL 32901					Street Address (P.O. Box Number is Not Acceptable)				
				City				FL Zip Cod	e
	named entity submits this	s statement for the p	purpose of changing its	registered office or	registered a	igent, or both,	in the State of Fi	lorida. I am familiar with,	and accept
SIGNATURE_	0		•						
SIGNATORE	Signature, typed or primed name of	of registered agent and title	it applicable. (NOTE	: Registered Agent signati	ire redniked when	reinstating)		DATE	•
			1						
After Ma	E NOW!!! FEE IS \$ by 1, 2007 Fee will	150.00 l be \$550.00	9. Election Campaig Trust Fund Contr		\$5.00 Added to				
After Ma	ay 1, 2007 Fee will	150.00 be \$550.00 FICERS AND DIRE	Trust Fund Contr		Added to	Fees	HANGES TO OFF	FICERS AND DIRECTOR	S IN 11
After Ma	OF PD	I be \$550.00 FICERS AND DIRE	Trust Fund Contr	ibution. 11. TITLE	Added to	Fees	HANGES TO OFF	FICERS AND DIRECTOR	S IN 11
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12. Thereby certify that the information supplied with this filling does not quality 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 it changed, or on an attachment with an address, with all other the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-07

321 868 0081

Daytime Phone #