

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2004 8:00 am**  
**Secretary of State**

03-02-2004 90044 043 \*\*\*150.00

**DOCUMENT # P93000035598**

1. Entity Name

**RUGGED FOOTWEAR COMPANY**



Principal Place of Business

4701 N FEDERAL HWY  
STE 380  
LIGHTHOUSE POINT FL 33064  
US

Mailing Address

4701 N FEDERAL HWY  
STE 380  
LIGHTHOUSE POINT FL 33064  
US

2. Principal Place of Business

3. Mailing Address

4701 N. Federal Hwy.

4701 N. Federal Hwy.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 485

Suite 485

City & State

City & State

Lighthouse Point, FL.

Lighthouse Point, FL.

Zip

Zip

33064

33064

Country

Country

USA

USA



MOORE

CR2E034 (11/03)

4. FEI Number **65-0412686**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EZROL, KERRY  
3099 E COMMERCIAL BLVD  
STE 200  
FT LAUDERDALE FL 33308

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **WERMAN, JONATHAN**  
STREET ADDRESS **4701 NO FEDERAL HWY #380**  
CITY-ST-ZIP **LIGHTHOUSE POINT FL**

TITLE **D** ☐ Change ☐ Addition  
NAME **Werman, Jonathan**  
STREET ADDRESS **4701 N. Federal Hwy, #485**  
CITY-ST-ZIP **Lighthouse Point, FL. 33064**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

**Jonathan Werman Feb 6, 04**

Date

Daytime Phone #

**954-782-3200**