

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90167 045 \*\*\*150.00

**DOCUMENT # P93000060719**

1. Entity Name  
**MARC RUTENBERG DESIGN, INC.**



Principal Place of Business  
**2891 GREY OAKS BLVD  
TARPON SPRINGS, FL 34689 US**

Mailing Address  
**2891 GREY OAKS BLVD  
TARPON SPRINGS, FL 34689 US**

20050600

2. Principal Place of Business  
**2895 Grey Oaks Blvd**

3. Mailing Address  
**2895 Grey Oaks Blvd**

Suite, Apt. #, etc.  
**Tarpon Springs FL**

Suite, Apt. #, etc.  
**Tarpon Springs FL**

City & State  
**Tarpon Springs FL**

City & State  
**Tarpon Springs FL**

Zip  
**34688**

Country  
**U.S.A.**

Zip  
**34688**

Country  
**U.S.A.**

04182005 Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3204165**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**BOGGS, E. JACKSON  
501 E. KENNEDY BOULEVARD  
SUITE 1700  
TAMPA, FL 33602**

7. Name and Address of New Registered Agent

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, 2005 Fee will be \$550.00**

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 NAME STREET ADDRESS CITY-ST-ZIP	DPTS RUTENBERG, MARC 2891 GREY OAKS BLVD TARPON SPRINGS, FL 34689 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2895 Grey Oaks Blvd Tarpon Springs, FL 34688</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RUTENBERG, LAURA H 2891 GREY OAKS BLVD TARPON SPRINGS, FL 34689 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2895 Grey Oaks Blvd Tarpon Springs, FL 34688</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowerments.

SIGNATURE: **MARC RUTENBERG** **4/19/05 (727) 945-0077**  
Date Daytime Phone #