

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000041381

Entity Name: ARLENE M. RUST, INC.

FILED
Mar 11, 2008
Secretary of State

Current Principal Place of Business:

2501 S. SANFORD AVE
SANFORD, FL 32773 US

New Principal Place of Business:

SPRING HAMMOCK CTR
UNIT 130
LONGWOOD, FL 32750 US

Current Mailing Address:

2501 S. SANFORD AVE
SANFORD, FL 32773 US

New Mailing Address:

105 SPRINGHURST CIR
LAKE MARY, FL 32746 US

FEI Number: 59-3242369

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RUST, ARLENE M
105 SPRINGHURST CIRCLE
LAKE MARY, FL 32746 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: RUST, ARLENE M
Address: 105 SPRINGHURST CIRCLE
City-St-Zip: LAKE MARY, FL 32746

Title: V () Delete
Name: RUST, GERALD A
Address: 105 SPRINGHURST CIRCLE
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ARLENE M. RUST

PST

03/11/2008

Electronic Signature of Signing Officer or Director

Date