


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P94000051480 1. Entity Name RUSSTECH LANGUAGE SERVICES, INC.	
--	---

Principal Place of Business 1338 VICKERS DRIVE TALLAHASSEE, FL 32303 US	Mailing Address 1338 VICKERS DRIVE TALLAHASSEE, FL 32303 US
---	---

DO NOT WRITE IN THIS SPACE



01312007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3254589	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAUNER, MICHAEL K
1913 SAGEWAY DR
TALLAHASSEE, FL 32303

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LAUNER, MICHAEL K 1913 SAGEWAY DR TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNG MARILYN J 1913 SAGEWAY DR TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAUNER TARA L 43059 ZANDER TERRACE ASHBURN, VA 20147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINTON, BETH JOELLE 5603 MAJESTIC CIRCLE COLUMBIA, MO 65203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNG, EUNICE C 125 N HILLSIDE ST ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000618028
02/08/07-80013-016 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Michael K. Launer 1/31/07 850-562-9811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #