

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000021984

1. Entity Name
RUSBO, INC.



Principal Place of Business
5400 PINE ISLAND RD
BOKEELIA, FL 33922

Mailing Address
5400 PINE ISLAND RD
BOKEELIA, FL 33922



04262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3308061

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MCEWAN, CHRIS G
5400 PINE ISLAND RD
BOKEELIA, FL 33922

**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

Signature, type 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

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

NAME	D
NAME	MCEWAN, CHRIS G
STREET ADDRESS	5400 PINE ISLAND RD
CITY, STATE, ZIP	BOKEELIA, FL 33922
NAME	PD
NAME	HUGHES, RUSSELL
STREET ADDRESS	2035 COMPANERO AVE
CITY, STATE, ZIP	ORLANDO, FL 32084
NAME	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
NAME	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
NAME	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	

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04/30/04-20095-017 150.00

**DO NOT WRITE
IN THIS SPACE**

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

CHRIS G. MCEWAN D

Date

4/26/04

Daytime Phone #

239-283-1067