


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 13, 2008 08:00 AM**  
**Secretary of State**  
**FEB 08 2008**

<b>DOCUMENT # P95000039915</b>	
<b>1. Entity Name</b> EDWARD J. RUFF DEVELOPMENT, INC.	

<b>Principal Place of Business</b> 5020 TAMiami TRAIL NORTH SUITE 106 NAPLES FL 34103	<b>Mailing Address</b> 5020 TAMiami TRAIL NORTH SUITE 106 NAPLES FL 34103
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<b>2. Principal Place of Business - No P.O. Box #</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E034 (10/07)

<b>4. FEI Number</b> 65-0604096	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  RUFF, EDWARD J PRES 5020 TAMiami TRAIL NORTH SUITE 106 NAPLES FL 34103	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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**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** \_\_\_\_\_ (NOTE: Registered Agent signature requires what is in parentheses) \_\_\_\_\_ **DATE** \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> PRES <input type="checkbox"/> Delete	<b>NAME</b> RUFF, EDWARD J PRES	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 5020 TAMiami TRAIL NORTH		<b>NAME</b>	
<b>CITY-ST-ZIP</b> NAPLES FL 34103		<b>STREET ADDRESS</b>	
<b>TITLE</b> VP <input type="checkbox"/> Delete	<b>NAME</b> RUFF, BLANCHE A VP	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 5020 TAMiami TRAIL NORTH		<b>NAME</b>	
<b>CITY-ST-ZIP</b> NAPLES FL 34103		<b>STREET ADDRESS</b>	
<b>TITLE</b> <input type="checkbox"/> Delete	<b>NAME</b>	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b>		<b>NAME</b>	
<b>CITY-ST-ZIP</b>		<b>STREET ADDRESS</b>	
<b>TITLE</b> <input type="checkbox"/> Delete	<b>NAME</b>	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b>		<b>NAME</b>	
<b>CITY-ST-ZIP</b>		<b>STREET ADDRESS</b>	
<b>TITLE</b> <input type="checkbox"/> Delete	<b>NAME</b>	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b>		<b>NAME</b>	
<b>CITY-ST-ZIP</b>		<b>STREET ADDRESS</b>	
<b>TITLE</b> <input type="checkbox"/> Delete	<b>NAME</b>	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b>		<b>NAME</b>	
<b>CITY-ST-ZIP</b>		<b>STREET ADDRESS</b>	

**12.** I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** Edward J. Ruff Edward J. Ruff 3-10-08 (239) 430-2582  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-Mo Phone #