


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000093623
 1. Entity Name
RUNI CORPORATION



Principal Place of Business
**1318 LAFAYETTE STREET
 CAPE CORAL, FL 33904**

Mailing Address
**1318 LAFAYETTE STREET
 CAPE CORAL, FL 33904**

DO NOT WRITE IN THIS SPACE



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0626206 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**HILL, THOMAS W
 1318 LAFAYETTE STREET
 CAPE CORAL, FL 33904**

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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 _____ 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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	NIEDERLE, WALTER
STREET ADDRESS	1318 LAFAYETTE STREET
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	D
NAME	NIEDERLE, EDELTRAUD
STREET ADDRESS	% 1318 LAFAYETTE STREET
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	D
NAME	HILL, THOMAS W
STREET ADDRESS	1318 LAFAYETTE ST
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Thomas W Hill **Thomas W. Hill** 1-26-05 239-549-2444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #