2004 FOR PROFIT CORPORATION

SIGNATURE: SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

ANNUAL REPORT (AR)						FILED			
DOCU 1. Entity Nam	MENT # P9600010123	31				Jan 28, 2004 0 Secretary o		.VI	
THE RUG	GIE GROUP, INC.		- www.						
Principal Place of Business		Mailing Address							
14229 US H TAVARES F		14229 US HW TAVARES FL :			-	} !@@((@@@ ((/@ (@((# mt+++ MN)))	ININ SINGN SINGN SOUTS IN	2)22 ; ;; ;22;	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt #. etc.				MOORE CR2E034 (11/03)			
City & State		City & State			4.	FEI Number 59-3422544		opked For ot Applicable	
Zφ	Country	Zip	Coun	try	5.	Certificate of Status Desired	\$8.75 Add Fee Require	ditional	
	6. Name and Address of Current	Registered Agent			7.	Name and Address of New Registers	<u></u>	<u>~</u>	
PHONE THOMAS				Name					
142	GGIE, THOMAS H 29 US HWY 441 /ARES FL 32778			Street Addr	Street Address (P.O. Box Number is Not Acceptable)				
,,,,								<u></u>	
				City			L Zip Code		
the obligat	named entity submits this statement for tions of registered agent.	r the purpose of cha	inging its register	ed office or rep	gistered a	gent, or both, in the State of Florida. Ta	ım familiar with,	and accept	
SIGNATURE	Signature, typud or printed hama divegistered agont	and litte if applicable.	(NOTE Registere	g Agent signature n	equired when	rensiating) DAT		.	
Afte	ILE NOW!!! FEE IS \$150,00 r May 1, 2004 Fee will be \$550.00 k Payable to Florida Department of	State	=	_		Election Campaign Financing Trust Fund Contribution.		O May Be d to Fees	
10.	OFFICERS AND		11.		A	DDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS	5 IN (1 _,	
NAME STREET ADDRESS CITY-ST-ZIP	D RUGGIE, THOMAS H 1733 LAKE TERRACE DRIVE	□ De	nam Stre	E ET ADDRESS		U00000018968 01/23/04-80006-0	□ Change 25 150.00	☐ Addition	
ELLE.	EUSTIS FL 32726			-SI - ZIP			Спалое	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP		 50	nami Stre	1			سي ما الماريخ		
TITLE NAME STREET ADORESS		□ Oe	MAM	1			☐ Change	Addition	
City-ST-ZiP			4	-ST-ZIP		**** *** *** ***		.2	
TITLE NAME		☐ De	eiele Title Nami	3			☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS ST-ZIP					
TITLE NAME		☐ De	ilele INTLE NAMI	ŧ			☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP			STRE	ET ADDRESS SI-ZIP					
TIBLE		☐ De					☐ Change	Addition	
NAME STREET ADDRESS				FT ADDRESS					
CITY-ST-ZIP	Partify that the information a service with	this filles does not		-ST-ZIP	in Cantin	110 07(0)(0 D-44- 0)	- 		
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo , or on an attachment with an address, v	true and accurate a wered to execute th	and that my signat his report as requir	ure shall have	the same	legal effect as if made under oath; that	it I am an officer	or director	

Date Daytime Phone #