2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## **Secretary of State DOCUMENT # P97000091066** 03-10-2006 90019 037 \*\*\*150.00 1. Entity Name RUTH STROPPARO, INC. Principal Place of Business Mailing Address 2140 ESTEY AVE NAPLES FL 34104 2140 ESTEY AVE NAPLES FL 34104 2. Principal Place of Business 3. Mailing Address Suite. Apr. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-3473479 Not Applicable Zιρ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STROPPARO, RUTH Street Address (P.O. Box Number is Not Acceptable) 2140 ESTEY AVE NAPLES FL 34104 City 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, speed or presed name of registered agent and little 4 appropriate (NDTE: Registered Agent signature included when invisioning) DATE FILE NOW!!! FEE IS \$150.00. 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Detete DDF ☐ Change ☐ Addition STROPPARO, RUTH NAME NAME STREET ADDRESS STREET ADDRESS 2140 ESTEY AVE CITY-ST-ZIP NAPLES FL 34104 CITY-ST-ZIP TITLE Detete MLE ☐ Chance Addition NAME NAME STREET ADDRESS STREET ADDRESS C(TY - ST- 7)P City-ST-7/P MILE ☐ Detete HILE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-719 CITY: ST. 7P ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-79P CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- 71P CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of trousee 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 gifter like empowered.

FILED

Mar 23, 2006 8:00 am



## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 13, 2006

RUTH STROPPARO, INC. 2140 ESTEY AVE NAPLES, FL 34104

Subject: RUTH STROPPARO, INC.

Reference Number;

P97000091066

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/cd ANNUAL REPORTS SECTION