## 2008 FOR PROFIT CORPORATION

**FILED** Apr 09, 2008 08:00 A Secretary of State **ANNUAL REPORT DOCUMENT # P97000100753** 1. Entity Name RUSTY ENTERPRISES, INC. Principal Place of Business Mailing Address 1088 GENERAL STREET 1088 GENERAL STREET PORT CHARLOTTE, FL 33953 PORT CHARLOTTE, FL 33953 01312008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0802682 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE KLANOW, MAX 1088 GENERAL STREET PORT CHARLOTTE, FL 33953 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating HODDOOR PATEORS \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME KLANOW, MAX 1088 GENERAL STREET STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE, FL 33953 TITLE KLANOW, JUDY NAME STREET ADDRESS 1088 GENERAL STREET CITY-ST-ZIP PORT CHARLOTTE, FL 33953 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 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: \_

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY+ST-ZIP

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-08

Daytime Phone #