


**FILED**  
**May 11, 2006 8:00 am**  
**Secretary of State**

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<b>DOCUMENT # P98000016418</b>						<b>Secretary of State</b> 05-11-2006 90237 041 ***150.00	
1. Entity Name <b>RUSTY'S PLACE, INC.</b>							
Principal Place of Business <b>102 E 15TH STREET PANAMA CITY, FL 32405</b>				Mailing Address <b>102 E 15TH STREET PANAMA CITY, FL 32405</b>			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent <b>VOYLES, RUSSELL 102 E 15TH STREET PANAMA CITY, FL 32405</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code			
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 <u><i>Russell O. Voyles, Jr.</i></u> <b>5/5/06</b> <small>Signature is printed name of registered agent. (NOTE: Registered Agent signature required when reinstating)</small> DATE							
<b>FILE NOW!!! FEE IS \$180.00 Due by September 8, 2006</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		P VOYLES, RUSSELL JR 102 E 15TH ST PANAMA CITY, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		S LEMASTERS, DEBORAH T 2912 MARRON DR. PANAM CITY, FL 32405 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP		S Downs, Rosabelle 2414 Jason Dr Lynn Haven, FL 32444 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing 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: <u><i>Russell O. Voyles, Jr.</i></u> <b>5/5/06</b> <b>8507471010</b> <small>SIGNATURE AND ADDRESS OF REGISTERED AGENT OR OFFICER OR DIRECTOR</small> Date Daytime Phone #							