

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000019947

1. Entity Name
RUGBY AMERICA, INC.



Principal Place of Business
2813 NORTHEAST 16TH AVENUE
WILTON MANORS, FL 33334

Mailing Address
2813 NORTHEAST 16TH AVENUE
WILTON MANORS, FL 33334

DO NOT WRITE IN THIS SPACE

FILED
Apr 22, 2004 08:00 AM
Secretary of State



04082004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0624742

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HAYDEN, JOSEPH R
2813 NE 16TH AVENUE
WILTON MANORS, FL 33334

**DO NOT WRITE
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
HAYDEN, JOSEPH R
2813 NORTHEAST 16TH AVENUE
WILTON MANORS, FL 33334

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
HAYDEN, MICHAEL P
2813 NE 16TH AVE.
WILTON MANORS, FL 33334

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000125570
04/22/04-80089-024 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/04 954 698 6509