

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000076401

1. Entity Name
 RUTHENBERG HOLDINGS, INC.



Principal Place of Business
 10426 RAINBOW RIDGE CT.
 BROOKSVILLE, FL 34613

Mailing Address
 10426 RAINBOW RIDGE CT.
 BROOKSVILLE, FL 34613



04222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-3530295

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

RUTHENBURG, PATRICIA F
 10426 RAINBOW RIDGE CT
 BROOKSVILLE, FL 34613

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	DPST RUTHERBERG, PATRICIA F 10426 RAINBOW RIDGE CT. BROOKSVILLE, FL 34613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS YOUNG, DENISE D 10426 RAINBOW RIDGE CT. BROOKSVILLE, FL 34613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

05/30/08-80059-021 150.00

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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: *Patricia F. Ruthenberg - PRES.* 4-30-08 - 686-9313

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #