## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000078749

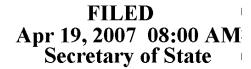
1. Entity Name RUT & STRUT, INC.

Principal Place of Business

Mailing Address

33743 AMERICANA AVE. 33743 AMERICANA AVE. DADE CITY, FL 33525 DADE CITY, FL 33525

6. Name and Address of Current Registered Agent





## DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03142007	No Chg-P	CR2E034 (11/05)

Applied For 4. FEI Number 65-0862650 \$8.75 Additional 5. Certificate of Status Desired 

Fee Required

252-JP8-332,

RICE, TALMADGE G 33743 AMERICANA AVE DADE CITY, FL 33525

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

				7.1 4	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	named entity submits this statement for the pions of registered agent.	urpose of changing its register	ed office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.					
Oldi Will Olik	Signature, typed or printed name of registered agent and little if	applicable (NOTE: Registers	id Agent signature	required when reinstating)	DATE
Fil. After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Finar Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICE, TALMADGE G 33743 AMERCIANA AVE DADE CITY, FL 33525				
TITLE NAME STREET ADDRESS CIFY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CHY-ST-ZIP				IN '	THIS SPACE
TITLE NAME _ STREET ADDRESS CITY-ST-ZIP					U000000717044
THTLE NAME STREET ADDRESS CITY-ST-ZIP					U00000717344 04/30/07-80044-013 150.00
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.					