## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 05, 2004 8:00 am Secretary of State

DOCUMENT # P98000105470  1. Entity Name JOHN R. RUTA, P.A.					02-05-2004 90007 030 ***150.00					0.00	
Principal Plac	e of Business	Mailing Address				3.		V 🕶 🗷			
1836 WOOD ORLANDO, F		1836 WOODWARD ST ORLANDO, FL 32803					•				
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			broad S	<u>;</u> †.							
Suite, Apt.	#, etc. <b>C 100</b>	Suite, Apt. #, etc. Suite. 100		01	092004	Chg-P	C	R2E034 (10	VO3)		
City & Stat	e	City & State		l l	FEI Numbe					olied For	
<u>Orla</u>	Country	Orlando, FL zip Country			59-354			- \$9.7°	Not 5 Addi	Applicable	
<sup>Zip</sup> 328	日4:	32814		5. (	Certificate	of Status Desi	red [	- Fee Re	equired	-   -	
	6. Name and Address of Current F	Registered Agent	Name	7. 1	Name and	Address of N	lew Regist	tered Agent			
RUTA, JOI	HN R										
	DDWARD ST D. FL 32803		Street Ad	ldress (P.O. E	Box Numbe	er is Not Acce	otable)				
ONLANDO	7,1 12 32003		47	76 Ne	ew B	<b>b</b> ook	St. S	suite	100	)	
		City									
	named entity submits this statement for	the purpose of changing its regi-	stered office or	registered ag	gent, or bol	th, in the State	of Florida.	I am familiar	r with, a	and accept	
the obligat	ions of registered agent.										
SIGNATURE											
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Added to Fees											
		T 45 10 10 1	~ —								
		Trust Fund Contribut	~ —	Added to	Fees	CHANGES TO	OFFICER	S AND DIREC	CTORS	i IN 11	
After M	ay 1, 2004 Fee will be \$550.0  OFFICERS AND I	Trust Fund Contribut	11. TITLE	Added to	Fees	CHANGES TO	OFFICER	S AND DIREC		IN 11	
After M	ay 1, 2004 Fee will be \$550.0 OFFICERS AND D	Trust Fund Contribut	11. TITLE	Added to	Fees DDITIONS/			<b>⊠</b> (cı	range	Addition	
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12. I hereby certify that the information supplied with this filling 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 expowered.

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BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/04 Date

Daytime Phone #