


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90429 020 \*\*\*150.00

**DOCUMENT # P99000049458**

1. Entity Name  
RUSTON C. ROOD, INC



Principal Place of Business      Mailing Address

3506 ARIZONA DRIVE      3506 ARIZONA DRIVE  
PENSACOLA, FL 32504      PENSACOLA, FL 32504

**DO NOT WRITE IN THIS SPACE**



04252006      No Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For  
59-3600361      Not Applicable

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

6. Name and Address of Current Registered Agent

ROOD, RUSTON C  
3506 ARIZONA DRIVE  
PENSACOLA, FL 32504

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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 \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution            **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

|                |                     |
|----------------|---------------------|
| TITLE          | PD                  |
| NAME           | ROOD, RUSTON C      |
| STREET ADDRESS | 3506 ARIZONA DRIVE  |
| CITY STATE     | PENSACOLA, FL 32504 |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY STATE     |                     |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY STATE     |                     |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY STATE     |                     |

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exceptions contained in Chapter 119, Florida Statutes. I further certify that the information included 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 empowerments.

SIGNATURE:       4-28-06

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_