

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000055172	
1. Entity Name RUGGIERO SOUTH, INC.	

Principal Place of Business 4447 EDGEWATER DR SUITE B ORLANDO FL 32804	Mailing Address 4447 EDGEWATER DR SUITE B ORLANDO FL 32804
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/04)

4. FEI Number 59-3584491	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
RUGGIERO, CARL J 824 BRYN MAWR STREET ORLANDO FL 32804		Name Street Address (P.O. Box Number is Not Acceptable) City State FL Zip Code	

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.

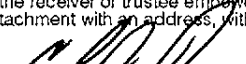
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP VP RUGGIERO, CARL 824 BRYN MAWR STREET ORLANDO FL 32804	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP 00000024-953 02/28/05-80005-003 150.00	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY- ST- ZIP T RUGGIERO, ALFRED 1640 LEE ROAD WINTER PARK FL 32789	☐ Delete		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY- ST- ZIP PD RUGGIERO, MARGARET 800 BRYN MAWR STREET ORLANDO FL 32804	☐ Delete		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		☐ Change ☐ Add

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **CARL J. RUGGIERO** 2/23/05 (407) 521-670
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #