

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000066686

Entity Name: RUBY MANAGEMENT, INC.

**FILED**  
**Apr 22, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

425 S.ATLANTIC AVE  
NEW SMYRNA BEACH, FL 32169

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 824  
NEW SMYRNA BEACH, FL 321700824

**New Mailing Address:**

FEI Number: 59-3590061

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RUBY, DONNA F  
425 S.ATLANTIC AVE  
NEW SMYRNA BEACH, FL 32169 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: RUBY, DONNA F  
Address: 425 S ATLANTIC AVE.  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: DS/T  
Name: RUBY, EDWARD G  
Address: 425 S ATLANTIC AVE.  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DONNA RUBY

P

04/22/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date