2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P99000110416

SAINT JAMES CITY, FL 33956

() Delete

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

FILED Aug 12, 2009 Secretary of State

Entity Name	: RUSTIC	SERVICES, INC.			
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
4391 BERKS ST. JAMES, I)			
Current Mailing Address:			New Mailing Address:		
4391 BERKS ST. JAMES, I)			
FEI Number: 65	5-1014280	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and A	ddress of (Current Registered Agent:	Name and Address of	New Registered Agent:	
ROGERS, GI 4391 BERKS ST. JAMES, I	HIRE ROAD				
The above na in the State of		submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATURE	:				
	Electron	nic Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Address: 4	o (ROGERS, GEO 1391 BERKSH ST. JAMES, FL	IRE ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Name: F	S (ROGERS, JEA 1391 BERKSH		Title: Name: Address:	() Change () Addition	

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

VP () Change (X) Addition WHEATLEY, KARL B

SAINT JAMES CITY, FL 33956

3024 8TH AVENUE

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GEOFFREY S. ROGERS PRES 08/12/2009