

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2005 8:00 am
Secretary of State

04-11-2005 90142 007 ***150.00

DOCUMENT # S50783 1. Entity Name RUSTICALA INC																																																																																			
Principal Place of Business 3840 MARINERS WAY 575B CORTEZ, FL 34215			Mailing Address 3840 MARINERS WAY 575B CORTEZ, FL 34215																																																																																
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																																																	
City & State		City & State																																																																																	
Zip	Country	Zip	Country	4. FEI Number 65-0248312																																																																															
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable																																																																															
6. Name and Address of Current Registered Agent LINGENS, CHRISTINE A. 3840 MARINERS WAY 575B CORTEZ, FL 34215																																																																																			
7. Name and Address of New Registered Agent Name <u>Cassandra Russell</u> Street Address (P.O. Box Number is Not Acceptable) <u>40 SARASOTA CENTER BLVD #108</u> City <u>SARASOTA</u> <u>FL</u> Zip Code <u>34240</u>																																																																																			
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 <u>Cassandra Russell</u> DATE <u>4/4/05</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retaining)																																																																																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																																																																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;"> D LINGENS, CHRISTINE A. 5380 GULF OF MEX DR #105 LONGBOAT KEY, FL </td> <td style="width: 20%; padding: 2px;">☐ Delete</td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;"> ☒ Change ☐ Addition 40 SARASOTA CENTER BLVD, 108 A SARASOTA FL 34240 </td> <td style="width: 20%; padding: 2px;">☐ Change ☐ Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">☐ Delete</td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">☐ Change ☐ Addition</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">☐ Delete</td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">☐ Change ☐ Addition</td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">☐ Delete</td> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">☐ Change ☐ Addition</td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">☐ Delete</td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">☐ Change ☐ Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">☐ Delete</td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">☐ Change ☐ Addition</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">☐ Delete</td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">☐ Change ☐ Addition</td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">☐ Delete</td> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">☐ Change ☐ Addition</td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">☐ Delete</td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">☐ Change ☐ Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">☐ Delete</td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">☐ Change ☐ Addition</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">☐ Delete</td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">☐ Change ☐ Addition</td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">☐ Delete</td> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">☐ Change ☐ Addition</td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	D LINGENS, CHRISTINE A. 5380 GULF OF MEX DR #105 LONGBOAT KEY, FL	☐ Delete	TITLE	☒ Change ☐ Addition 40 SARASOTA CENTER BLVD, 108 A SARASOTA FL 34240	☐ Change ☐ Addition	NAME		☐ Delete	NAME		☐ Change ☐ Addition	STREET ADDRESS		☐ Delete	STREET ADDRESS		☐ Change ☐ Addition	CITY - ST - ZIP		☐ Delete	CITY - ST - ZIP		☐ Change ☐ Addition	TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME		☐ Delete	NAME		☐ Change ☐ Addition	STREET ADDRESS		☐ Delete	STREET ADDRESS		☐ Change ☐ Addition	CITY - ST - ZIP		☐ Delete	CITY - ST - ZIP		☐ Change ☐ Addition	TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME		☐ Delete	NAME		☐ Change ☐ Addition	STREET ADDRESS		☐ Delete	STREET ADDRESS		☐ Change ☐ Addition	CITY - ST - ZIP		☐ Delete	CITY - ST - ZIP		☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 empowered. SIGNATURE: <u>Christine A. Lingen</u> DATE <u>4/6/05</u> 941-378-1747 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																																			

Christine A. Lingen, President