


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000044227


1. Entity Name
RANO, INC.



Principal Place of Business Mailing Address

4174 WOODLANDS PKWY. 4174 WOODLANDS PKWY.
 PALM HARBOR, FL 34685 PALM HARBOR, FL 34685

DO NOT WRITE IN THIS SPACE



02162004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 02-0615610 Not Applicable

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

6. Name and Address of Current Registered Agent

NOLAN, JAMES
 4174 WOODLANDS PKWY
 PALM HARBOR, FL 34685

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B. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NOLAN, JAMES M 4174 WOODLANDS PKWY PALM HARBOR, FL 34685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP RAIMONDI, WILLIAM 4174 WOODLANDS PKWY PALM HARBOR, FL 34685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS NOLAN, MARGARET M 4174 WOODLANDS PKWY PALM HARBOR, FL 34685
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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)(f), 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: James M. Nolan Date: 4-6-04 Dstyme Phone #: 727 785-8887

JAMES M. NOLAN