2005 FOR PROFIT CORPORATION ** ANNUAL REPORT

FILED Apr 19, 2005 8:00 am Secretary of State

DOCUMENT # P02000044227 1. Enlity Name RANO, INC.								04-19-200	05 90390 (038 ***150	0.00
Principal Plac	e of Business	Mailing Address									
4174 WOODLANDS PKWY. PALM HARBOR, FL 34685			4174 WOODLANDS PKWY. PALM HARBOR, FL 34685					-	•		
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				04132005	Chg-P	CR2E	E034 (10/03)	
City & State			City & State				4. FEI Numb 02-061				plied For ot Applicable
Zip -	Countr	<u>-</u> -	Zip •• P Solve	Coun	itry		.5. Certificate	of Status Desire	ed []	\$8.75 Add Fee Require	
	6. Name and Add	iress of Current Re	gistered Agent		1		7. Name and	d Address of Ne	w Registered	d Agent	
NOLAN, J	AMES				Name	MAR	GARET M. NOLAN				
4174 WOODLANDS PKWY PALM HARBOR, FL 34685						ddress (I	P.O. Box Number is Not Acceptable) WOODLANDS PKW1・				
					City D		11,000		F	Zi <u>p</u> Cod	e
6. 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 HARGARET M. NOLAN Marguit In. Nolan 4-13-05 Signature, typed or printed name of registered agent and title 6 applicable. (NOTE: Registed Agent signature required when renistating) DATE											
Spirature, typed or parties in tame of registered albeits and the elaphoration. (NOTE: negressed Ageits adjusture required which reasonally) [NOTE: negressed Ageits adjusture required which reasonally) [NOTE: negressed Ageits adjusture required which reasonally)											
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 Trust Fund Contribution. Added to											
10.	11.			ADDITIONS	/CHANGES TO	OFFICERS AN	ND DIRECTOR	S IN 11			
TITLE 🐣 👙	DP	:	Sefete IIII		_					☐ Change	☐ Addition
NAME STREET ADDRESS	NOLAN, JAMES N 4174 WOODLAND		NA STI		EET ADDRESS						
CTTY+ST+ZIP	PALM HARBOR,				-S1-ZP						
TITLE	DVP	÷	☐ Delete		TITLE					Change	Addition
NAME STREET ADDRESS	RAIMONDI, WILLI			NAM	-						
CITY-ST-ZIP	4174 WOODLAND PALM HARBOR, I			8	STREET ADDRESS CITY-ST-ZIP						
TITLE	DS	TITL	E	DP				Change	☐ Addition		
NAME	NOLAN, MARGARET M					MAR	CLARET MINOLAN TO LA WOODLANDS PRWY.				
STREET ADDRESS CITY-ST-ZIP	4174 WOODLAND PALM HARBOR, I			•	STREET ADDRESS 41		n Harr	De, FL ?	14685		
TITLE			☐ Delete	TITLE	E	., -,		-1		☐ Change	Addition
NAME				NAM	_						
STREET ADDRESS CITY-ST-ZIP					eet address '-st-zip						
TITLE			☐ Delete	TITL	E					☐ Change	Addition
NAME				NAM							
STREET ADDRESS CITY-ST-ZIP					eet address /-st-zip						,
TITLE			☐ Delete	TITL	Ε .	ļ				☐ Change	Addition
NAME CONTEX ADDRESS				· NAM							
STREET ADDRESS CITY-ST-ZIP					eet address (-st-zip	1.					
12. I hereby	certify that the informat	tion supplied with th	is filing does not qualify fo	r the exe	mption sta	ted in Se	ection 119.07(3))(i), Florida Statu	tes. I further c	ertify that the i	nformation
of the co	rporation or the receive	er or trustee empow	ue and accurate and that re ered to execute this report	as requi	iture shall h ired by Cha	ave the a opter 607	same legal effe 7, Florida Statut	ect as it made un- es; and that my i	der oath; that name appear	s in Block 10 o	r Block 11 if
changed, or on an attachment with an address, with all other like empowered.											
SIGNATURE: Margaret Dr. Maler HARGARET H. NOLAN 4/13/05 785-8887 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylore Priore & Date Daylore Priore &											