## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000044227

1. Entity Name RANO, INC.

Principal Place of Business



1

Malling Address

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

FILED Feb 03, 2006 08:00 AM Secretary of State



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01202008 No Chg-P CR2E034 (11/05)

4. FEI Number 02-0615610 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

NOLAN, MARGARET M 4174 WOODLANDS PKWY PALM HARBOR, FL 34685

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<ol><li>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, the obligations of registered agent.</li></ol>	I am familiar with, and accept

(NOTE Registered Agent signature required when reinstating)

 $\Box$ 

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

DATE

OFFICERS AND DIRECTORS 10. TITLE OVP NAME RAIMONDI, WILLIAM STREET ADDRESS 4174 WOODLANDS PKWY City-St-Zie PALM HARBOR, FL 34685 DP TITLE NAME NOLAN, MARGARET M STREET AUDRESS 4174 WOODLANDS PKWY CITY-ST-77P PALM HARBOR, FL 34685 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

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12. Thereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this recort 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:

Wargaut M. Kilet HALCALET H. NOVAIN STORMAGE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-06

727 785-8887

Daytime Phone #