


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 09, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000044227 1. Entity Name RANO, INC.	
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Principal Place of Business 4174 WOODLANDS PKWY. PALM HARBOR, FL 34685	Mailing Address PALM HARBOR, FL 34685
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04052007 No Chg-P CR2E034 (11/05)

4. FEI Number 02-0615610	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U00000696344 04/17/07-80097-005 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DVP RAIMONDI, WILLIAM 4174 WOODLANDS PKWY PALM HARBOR, FL 34685
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP 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 exemptions contained 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 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: Margaret M. Nolan MARGARET M. NOLAN 4/5/07 727 785-8887

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #