


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 14, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000130604  
 1. Entity Name  
 RAPH ASSOCIATES, INC.



Principal Place of Business      Mailing Address  
 1356 N.W. 100TH AVENUE      1356 N.W. 100TH AVENUE  
 CORAL SPRINGS, FL 33071      CORAL SPRINGS, FL 33071

**DO NOT WRITE IN THIS SPACE**



02012005      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
 20-0403363      Not Applicable

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

6. Name and Address of Current Registered Agent  
 ANDREWS, RICHARD  
 1356 N.W. 100TH AVENUE  
 CORAL SPRINGS, FL 33071

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PRES
NAME	ANDREWS, RICHARD A
STREET ADDRESS	1356 NW 100TH AVENUE
CITY - ST - ZIP	CORAL SPRINGS, FL 33071
TITLE	VP
NAME	ANDREWS, PATRICIA A
STREET ADDRESS	1356 NW 100TH AVENUE
CITY - ST - ZIP	CORAL SPRINGS, FL 33071
TITLE	T
NAME	ANDREWS, RICHARD JR
STREET ADDRESS	2501 S.E. 3RD STREET
CITY - ST - ZIP	POMPAÑO BEACH, FL 33062
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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: Richard A. Andrews      Date: 2-10-05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #