


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 07, 2005 08:00 AM
Secretary of State

DOCUMENT # 214713 1. Entity Name RAT-TRAP BAIT COMPANY, INC	
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Principal Place of Business 106 ADAMS STREET AUBURNDALE, FL 33823 US	Mailing Address P.O BOX 845 AUBURNDALE, FL 33823 US
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01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0863983	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROBINSON, RALPH L
106 ADAMS STREET
AUBURNDALE, FL 33823

**DO NOT WRITE
IN THIS SPACE**

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 reappointing) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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 NAME STREET ADDRESS CITY-ST-ZIP	PD ROBINSON, RALPH L 106 ADAMS ST. AUBURNDALE, FL 33823
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ROBINSON, JANIE B 1140 SHADY LANE BARTOW, FL 33830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROBINSON, JAMES R 830 MCLEOD STREET BARTOW, FL 33830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROBINSON, KELLIE S 1140 SHADY LANE BARTOW, FL 33830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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01/07/05-80038-002 150.00

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IN THIS SPACE**

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: *Ralph L. Robinson* *Ralph L. Robinson* Jan-5th, 2005 843 967 2148
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #