


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2005 08:00 AM
Secretary of State

DOCUMENT # 652404	
1. Entity Name RATHER FLY, INC.	

Principal Place of Business 1303 TALBOTT CIR AVON PARK, FL 33825 US	Mailing Address 1303 TALBOTT CIRCLE AVON PARK, FL 33825-9722 US
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01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FCI Number 59-1965932	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GRIFFING, DONALD A. 1303 TALBOTT CRCL. AVON PARK, FL 33825

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	V GRIFFING, MICHAEL C 1303 TALBOTT CRCL. AVON PARK, FL
TITLE NAME STREET ADDRESS CITY ST ZIP	P GRIFFING, DONALD A. 1303 TALBOTT CRCL. AVON PARK, FL
TITLE NAME STREET ADDRESS CITY ST ZIP	ST GRIFFING, BEVERLY I 1303 TALBOTT CRCL. AVON PARK, FL
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DO NOT WRITE 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: Donald A. Griffing **DONALD A. GRIFFING** 4/26/05 863-453-0076
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day to Phone #