

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2004 8:00 am**  
**Secretary of State**

04-20-2004 90025 033 \*\*\*150.00

**DOCUMENT # 816209**

1. Entity Name  
**THE RAVEN HOLDING CORP.**



Principal Place of Business  
**1250 E. HALLANDALE BEACH BLVD.  
STE 300  
HALLANDALE, FL 33009**

Mailing Address  
**1250 E. HALLANDALE BEACH BLVD.  
STE 300  
HALLANDALE, FL 33009**

**24049268**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

02182004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number  
**52-0793266**

Applied For  
Not Applicable

Zip Country

Zip Country

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

## 6. Name and Address of Current Registered Agent

**NESTOR, BRENDA  
1250 E. HALLANDALE BEACH BLVD.  
STE 300  
HALLANDALE, FL 33009**

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2004 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

**CPTS  
NESTOR, BRENDA  
1200 E. HALLANDALE BEACH BLVD STE 300  
HALLANDALE, FL 33009**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**VST  
LAUNER, BLANCHE S  
1250 E. HALLANDALE BEACH BLVD STE 300  
HALLANDALE, FL 33009**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**VTS  
COLVIN, MELVIN R  
1250 E. HALLANDALE BEACH BLVD. STE 300  
HALLANDALE, FL 33009**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**CFT  
MCGANN, EDWARD T  
1250 E. HALLANDALE BEACH BLVD STE 300  
HALLANDALE, FL 33009**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**Chairman / Pres CEO / AT / AS** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**VP / S / T** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**Vice Chairman / EVP / AT / AS** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**CF / AT** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

*Blanche Launer*

**Blanche Launer**

**4/16/04**

**954-455-5953**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #