

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90109 046 \*\*\*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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02072005

Chg-P

CR2E034 (10/03)

4. FEI Number  
52-0793266

Applied For  
Not Applicable

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, 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	CPCE	<input type="checkbox"/> Delete
NAME	NESTOR, BRENDA	
STREET ADDRESS	1200 E. HALLANDALE BEACH BLVD STE 300	
CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	VPST	<input type="checkbox"/> Delete
NAME	LAUNER, BLANCHE S	
STREET ADDRESS	1250 E. HALLANDALE BEACH BLVD STE 300	
CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	VCEV	<input type="checkbox"/> Delete
NAME	COLVIN, MELVIN R	
STREET ADDRESS	1250 E. HALLANDALE BEACH BLVD. STE 300	
CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	CFAT	<input type="checkbox"/> Delete
NAME	MCGANN, EDWARD T	
STREET ADDRESS	1250 E. HALLANDALE BEACH BLVD STE 300	
CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Chairman - Pres CEO/AT/AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice Chairman / EVP/AT/AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/22/05

954-455-5953