

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2005 8:00 am
Secretary of State

03-03-2005 90179 010 ***150.00

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1. Entity Name
RARIN T GO II, INC.



Principal Place of Business
**1353 SE 7TH COURT
DEERFIELD BEACH, FL 33441**

Mailing Address
**1353 SE 7TH COURT
DEERFIELD BEACH, FL 33441**

50022237



02082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0669598** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**VIOLA, LAURIE
1353 SE 7TH COURT
DEERFIELD BEACH, FL 33441**

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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

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	P
NAME	GARNER, JOHN
STREET ADDRESS	1082 RUSHTON STREET
CITY-ST-ZIP	OGDEN, UT 84401
TITLE	VP
NAME	OLLENDICK, THOMAS
STREET ADDRESS	1062 SOUTH MILITARY TRAIL #20
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	ST
NAME	SCOTT, JAMES
STREET ADDRESS	1074 S. MILITARY TRAIL #104
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DELETE

**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)(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:

THOMAS OLLENDICK

3-1-05

954-426-2177

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #