


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

**Feb 09, 2005 08:00 AM
Secretary of State**

DOCUMENT # F80376
 1. Entity Name
ROBERT H. RAGANS, JR., C.P.A., P.A.



Principal Place of Business Mailing Address
% ROBERT H. RAGANS, JR. **% ROBERT H. RAGANS, JR.**
111 N. ORANGE, STE. 1100 **111 N. ORANGE, STE. 1100**
ORLANDO FL 32801 **ORLANDO FL 32801**

2. Principal Place of Business 3. Mailing Address

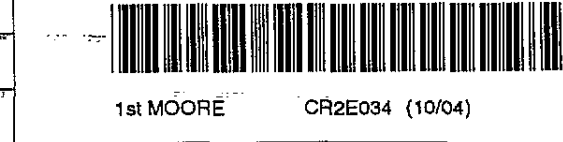
Suite, Apt #, etc. Suite, Apt #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

RAGANS, ROBERT H., JR.
111 N. ORANGE, STE. 1100
ORLANDO FL 32801



4. FEI Number **59-2198255** Applied For Not Applied

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

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 _____ (NOTE: Registered Agent signature required when re-instating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May be Added to Fee

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	RAGANS, ROBERT H., JR.	NAME	
STREET ADDRESS	111 N ORANGE SUITE 1100	STREET ADDRESS	000000221515
CITY - ST - ZIP	ORLANDO FL	CITY - ST - ZIP	02/09/05-80035-025 150.00
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	RAGANS, ROBERT H., JR.	NAME	
STREET ADDRESS	111 N ORANGE SUITE 1100	STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		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)(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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert H. Ragans, Jr. Feb. 7, 2005
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #