## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Feb 12, 2007 8:00 am DOCUMENT # H23414 **Secretary of State** 1. Entity Name 02-12-2007 90108 023 \*\*\*150.00 RAVEN PARC, INC. Principal Place of Business Mailing Address 612 SW PT. ST. LUCIE BLVD. P.O. BOX 7660 PORT ST. LUCIE FL 34985 PORT ST. LUCIE FL 34953 3 Mailing Address Chumburd 2. Principal Place of Bysiness - No P.O. Box # 308 Chambard Terra Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) alm Beach Gardens, Fl 4. FEI Number 59-2489976 Palm Bruch Gardens, F Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GUTERL, ELLEN J. Street Address (P.O. Box Number is Not Acceptable) 612 SW PT. ST. LUCIE BLVD. PT. ST. LUCIE FL 34953 The above named entity submits this state the obligations of registered agent. dnt for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept SIGNATURE Signature, typed FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD IIIŒ ☐ Delete HILL. Change Addition Guterl, Ellen J. 308 Chumbord Terrace Palm Beach Gardens, FL 33410 GUTERL, ELLEN J. 612 SW PT. ST. LUCIE BLVD. STREET ADDRESS STREET ADDRESS PORT ST LUCIE FL 34953 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete D'LOUGHY, JAMES D NAME MAME PO BOX 7392 STREET ADDRESS STREET ADDRESS PORT ST LUCIE FL 34985 CITY-ST-ZIP CHY-ST ZIP ☐ Defete TITLE. THILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY ST ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP ☐ Delete TITLE ☐ Chance ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition | 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 exemptions contained in Section 119. 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 trusted employed to the corporation or the receiver or trusted employed to the corporation or the receiver or trusted employed to the corporation or the receiver or trusted employed to the corporation or the receiver or trusted employed to the corporation or the receiver or trusted employed to the corporation or the receiver or trusted employed to the corporation or the receiver or trusted employed to the corporation of the corporation or the receiver or trusted employed to the corporation of the corporation or the receiver or trusted employed to the corporation of the corporation or the receiver or trusted employed employed the corporation of the corporation or the receiver or trusted employed employed employed the corporation of the corporation or the receiver or trusted employed em

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