2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 31, 2005 08:00 AM DOCUMENT # J47117 1. Entity Name **Secretary of State** RAST ASSOCIATES, INC. Principal Place of Business Mailing Address 3970 PALM STREET SAINT AUGUSTINE FL 32084 3970 PALM STREET SAINT AUGUSTINE FL 32084 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FEI Number 59-1503066 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LOPEZ, AL R Street Address (P.O. Box Number is Not Acceptable) 4600 W CYPRESS ST STE 500 TAMPA FL 33607 City 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 Agant signature required when reinstaling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE DIGE ☐ Delete ☐ Change Addition RAST, WILLIAM J. NAME STREET ADDRESS 3970 PALM STREET STREET ADDRESS SAINT AUGUSTINE FL 32084 CITY-ST-ZIP CITY-SI-ZIP TITLE Delete Addition MALSE NAME 03/31/05-80034-021 158.75 STREET ADDRESS. STREET ADDRESS CITY-ST-ZIP CHY-S1-7IP TITLE Delete MILE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-ZIP TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET AODRESS CITY-ST-ZIP CITY-ST-ZIP DUE Delete THICE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TITLE ☐ Delete THEE Addition ☐ Change 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)(i), Florida Statutes | 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 in changed, or on an attachment will an address, with all of the pilks appeared to the changed of one an attachment will an address, with all of the pilks appeared to the changed of the changed of

SIGNATURE

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Daytime Phone #