

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90205 011 ***150.00

DOCUMENT # K62426 1. Entity Name RAGG, INC.					
Principal Place of Business 16723 LAKESHORE DR. TAMPA, FL 33624 <i>19236 Barred Owl Ct</i>			Mailing Address 16723 LAKESHORE DR. TAMPA, FL 33624 <i>19236 Barred Owl Ct</i>		
2. Principal Place of Business <i>19236 Barred Owl Ct</i> Suite, Apt. #, etc.		3. Mailing Address <i>19236 Barred Owl Ct</i> Suite, Apt. #, etc.			
City & State LAND O LAKES FL		City & State LAND O LAKES FL		4. FEI Number 59-2928960	
Zip 34638-7700		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARCADIS, RALPH S. 3400 W. KENNEDY BLVD. TAMPA, FL 33609 <i>address change only</i>				7. Name and Address of New Registered Agent Name <i>Marcadis, RALPH S.</i> Street Address (P.O. Box Number is Not Acceptable) <i>5104 S. West Shore Blvd.</i> City <i>TAMPA</i> FL Zip Code <i>33611</i>	
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 reinstating) DATE _____					
FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTS RAGG, WYMAN 16723 LAKESHORE DR. TAMPA, FL		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>19236 Barred Owl Ct.</i> LAND O LAKES FL 34638-7700	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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: <i>Wyman Ragg</i> <i>Pres sec treas</i> <i>4-24-2006</i> <i>813</i> <i>9499480</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					