

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L73716

Entity Name: RON RABY, INC.

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

5 WINDSORMERE WAY  
SUITE 100  
OVIEDO, FL 32765

**New Principal Place of Business:**

**Current Mailing Address:**

5 WINDSORMERE WAY  
SUITE 100  
OVIEDO, FL 32765

**New Mailing Address:**

FEI Number: 59-3009727

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JONES, RICHARD K.  
501 W. BAY ST.  
JACKSONVILLE, FL 32202 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: CPD  
Name: RABY, C. RONALD  
Address: 486 FOREST TR  
City-St-Zip: OVIEDO, FL 32765

Title: DST  
Name: RABY, LINDA G  
Address: 486 FOREST TRAIL  
City-St-Zip: OVIEDO, FL 32765

Title: DV  
Name: RABY, BRIAN A  
Address: 2615 DARK OAK CT  
City-St-Zip: OVIEDO, FL 32766

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: C. RONALD RABY

CPD

01/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date