

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2004 8:00 am
Secretary of State

02-18-2004 90006 024 ***150.00

DOCUMENT # L97029

1. Entity Name
RAVEN RESOURCES, INC.



Principal Place of Business
**315 70TH STREET SE
CHARLESTON, WV 25304 US**

Mailing Address
**P.O BOX 26765
RICHMOND, VA 23261 US**

54007977



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01222004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number
59-3036984

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE, FL 32301**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME MIZE, R. FREAL
STREET ADDRESS 300 KANAWHA BLVD EAST., SUITE 400
CITY-ST-ZIP CHARLESTON, WV

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☒ Delete
NAME STURGILL, BARKLEY J JR
STREET ADDRESS 4 NORTH 4TH ST
CITY-ST-ZIP RICHMOND, VA 23219

TITLE ☒ Change ☐ Addition
NAME **Secretary**
STREET ADDRESS **Kymberly T. Wellons**
CITY-ST-ZIP **315 70th Street SE**
Charleston, WV 25304

TITLE VPT ☐ Delete
NAME COMER, TIMOTHY E
STREET ADDRESS 11020 A GROSSCUP AVE
CITY-ST-ZIP DUNBAR, WV 25064

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AS ☐ Delete
NAME COUDRIET, STEPHEN C
STREET ADDRESS 4 NORTH FOURTH STREET
CITY-ST-ZIP RICHMOND, VA 23219

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME SUBOLESKI, STANLEY C
STREET ADDRESS 4 NORTH FOURTH STREET
CITY-ST-ZIP RICHMOND, VA 23219

TITLE ☒ Change ☐ Addition
NAME **Director**
STREET ADDRESS **James L. Gardner**
CITY-ST-ZIP **4 North 4th Street**
Richmond, VA 23219

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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. 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: Stephen C. Coudriet **Stephen C. Coudriet - Asst. Secretary 01/22/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

804-788-1800