2005 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 10, 2005 08:00 AM **Secretary of State** DOCUMENT # P00000072550 * RAGLAND INDUSTRIES, INC. _ Mailing Address Principal Place of Business 2360 CLARK ST. -- P.O. BOX 206 SUITE F CLARCONA, FL 32710 APOPKA, FL 32703 02032005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3660967 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SAUNDERS, MARSHA DO NOT WRITE 6337 MEADOWN RIDGE LANE ORLANDO, FL 32818 IN THIS SPACE 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. Lam familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) U00000223315 9. Election Campaign Financing \$5.00 May Be 02/10/05-80040-001 150.00 FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME SAUNDERS, MARSHA STREET ADDRESS 6337 MEADOWN RIDGE LANE CITY-SY-ZIP ORLANDO, FL 32818 TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP NAME

12. I hereby certify that the information supplied with this filling 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 807, 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.

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED