


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90107 019 ***150.00

DOCUMENT # P00000083513 1. Entity Name THOMAS C. RANOW, JR., P.A.																													
Principal Place of Business 3711 NE 42ND LANE OCALA, FL 34479			Mailing Address PO BOX 956 SILVER SPRINGS, FL 34489																										
2. Principal Place of Business 5138 SE 14th Place Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																											
City & State Ocala FL		City & State		4. FEI Number 59-3668715																									
Zip 34471		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent RANOW, THOMAS C 3711 NE 42ND LANE OCALA, FL 34479			7. Name and Address of New Registered Agent Name Ranow, Thomas C Street Address (P.O. Box Number is Not Acceptable) 5138 SE 14th Place City Ocala FL Zip Code 34471																										
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 <u><i>Thomas C Ranow Jr</i></u> Thomas C Ranow Jr <u>4/10/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																													
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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">D</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>RANOW, THOMAS C JR</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3711 NE 42ND LANE</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>OCALA, FL 34479</td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> Delete	NAME	RANOW, THOMAS C JR		STREET ADDRESS	3711 NE 42ND LANE		CITY- ST- ZIP	OCALA, FL 34479		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></td> <td style="width:20%;"></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5138 SE 14th Place</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>Ocala, FL 34471</td> <td></td> </tr> </table>			TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>		NAME			STREET ADDRESS	5138 SE 14th Place		CITY- ST- ZIP	Ocala, FL 34471	
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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: <u><i>Thomas C Ranow Jr</i></u> Thomas C Ranow Jr <u>4/10/06</u> <u>352-840-5914</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													