2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000083513

1. Entity Name

THOMAS C. RANEW, JR., P.A.



FILED
Mar 20, 2007 08:00 AM
Secretary of State

Principal Place of Business

5138 SE 14TH PLACE OCALA, FL 34471 Mailing Address

PO BOX 956

SILVER SPRINGS, FL 34489



DO NOT WRITE IN THIS SPAC	00	TON C	WRITE	IN THIS	SPACE
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5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RANEW, THOMAS C 5138 SE 14TH PLACE OCALA, FL 34471

DO NOT WRITE IN THIS SPACE

		1				
	named entity submits this statement for the pilons of registered agent.	ourpose of changing its registere	l ed office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title	f epolicable (NOTE: Registere	d Agent signature	required when reinstating)	DATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RANEW, THOMAS C JR 5138 SE 14TH PLACE OCALA, FL 34471			U00000673599 03/29/07-80035-021 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					03/23/07-80035-021 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE			
TITLE NAME STREET ADDRESS						

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:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/07

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