

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90065 050 ***150.00

DOCUMENT # P00000091530

1. Entity Name

H. RATLIFF AND SONS, INC.



Principal Place of Business

7620 185TH ROAD
LIVE OAK FL 32060

Mailing Address

7620 185TH ROAD
LIVE OAK FL 32060

2. Principal Place of Business

7620 185th Road

Suite, Apt. #, etc.

3. Mailing Address

7620 185th Road

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

LIVE OAK Fla.

Zip

32060

Country

FLORIDA

City & State

LIVE OAK Fla.

Zip

32060

Country

FLORIDA

4. FEI Number

59-3684774

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RATLIFF, HOMER F
7620 185TH ROAD
LIVE ROAD FL

7. Name and Address of New Registered Agent

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

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

10. OFFICERS AND DIRECTORS

TITLE DST
NAME RATLIFF, HOMER F
STREET ADDRESS PO BOX 6130 7620 185th Rd.
CITY-ST-ZIP LIVE OAK FL 32064 ☐ Delete

TITLE P
NAME RATLIFF, NEAL F
STREET ADDRESS PO BOX 6130 7620 185th Rd.
CITY-ST-ZIP LIVE OAK FL 32064 ☐ Delete

TITLE VP
NAME RATLIFF, DENNIS J
STREET ADDRESS PO BOX 6130 7620 185th Rd.
CITY-ST-ZIP LIVE OAK FL 32064 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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:

Homer F. Ratliff HOMER F. RATLIFF D.S.

Date

Daytime Phone #

1-23-04 386-364-4918