


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2007 08:00 A
Secretary of State

DOCUMENT # P01000074242 1. Entity Name RAVEN AIRCONDITIONING AND REFRIGERATION SERVICES, INC.		
Principal Place of Business 14542 BEAULY DR HUDSON, FL 34667-4196	Mailing Address 14542 BEAULY DR HUDSON, FL 34667-4196	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent DELA VEGA, ROBERTO A 14542 BEAULY DR HUDSON, FL 34667-4196		
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>Roberto Dela Vega</i></u> _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when restoring) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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		
TITLE	D	
NAME	DELA VEGA, SHEILA	
STREET ADDRESS	14542 BEAULY DR	
CITY-ST-ZIP	HUDSON, FL 346674196	
TITLE	PD	
NAME	DELA VEGA, ROBERTO A SR	
STREET ADDRESS	14542 BEAULY DR	
CITY-ST-ZIP	HUDSON, FL 346674196	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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>Roberto Dela Vega</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/27/07 <small>Date</small>



04302007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3749250	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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IN THIS SPACE**