2004 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P02000049573 1. Entity Name

RAIDER 25, INC.



Principal Place of Business

650 E SANFORD ST LAKE ALFRED, FL 33850 Mailing Address

650 E SANFORD ST LAKE ALFRED, FL 33850

FILED Apr 29, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

04032004 No Chg-P CR2E034 (10/03)

4.	FEI Number	
	01-0689659	

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BEVERAGE, JOHN 650 E SANFORD ST

DO NOT WRITE

LAKE ALFRED, FL 33850			IN THIS SPACE				
the obligation	named entity submits this statement for the priors of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept		
SIGNATURE	signature, typed or printed name of registered agent and title if	applicable (NO*E Registered	Agent signature	required when reinstating)	CATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees			U00000141220 04/30/04-80002-011 150.00		
10.	OFFICERS AND DIREC	TORS					
NAME STREET ADDRESS	D BEVERAGE, JOHN 650 E SANFORD ST LAKE ALFRED, FL 33850						
TITLE NAME STREET ADDRESS DITY - ST - ZIP							
ITLE							

DO NOT WRITE IN THIS SPACE

12. Thereby 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 instead 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 any address, with all other like empowered. with all other like empowered

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STREET ADDRESS

CITY - ST - ZIP TITLE

NAME STREET ADDRESS CITY-ST-ZIP

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

NAME OF SIGNING OFFICER OR DIRECTOR

4

Date

Daytime Phone #