2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000059181

1. Entity Name

RANTES, INC.

Principal Place of Business	Mailing Address
1045 EAST HIGHWAY 50 CLERMONT FL 34711	1045 EAST HIGHWAY 50 CLERMONT FL 34711

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

1st MOORE CR2E034 (10/05)

4. FEI Number 45-0479203 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RANFONE, FRANK 1045 EAST HIGHWAY 50 CLERMONT FL 34711	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 accep 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, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May B Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Add
NAME	RANFONE, FRANK	NAME	
STREET ADDRESS	11244 FOUNTAIN LAKE BLVD.	STREET ADDRESS	U00000416443
CITY-ST-ZIP	LEESBURG FL 34788	CITY-ST-ZIP	02/13/06-80013-025 150.00
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Add
NAME	RANFONE, SAM	NAME	
STREET ADDRESS	11131 LAKE DR.	STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL 34788	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Add
NAME	TESTA, LORETTA	NAME	
STREET ADDRESS	9809 FAIRWAY CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL 34788	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Add
NAME	TESTA, ALBERT	NAME	
STREET ADDRESS	9809 FAIRWAY CIR	STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL 34788	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 1 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Frank Ranfone 1-31-06 (352) 243-0900