2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State
04-13-2007 90155 047 ***150.00

DOCUMENT # P02000066956

1. Entity Name
ROBERT RATLIFF INC.

Principal Place of Business	Mailing Address
20 NORTH FAIRFAX AVENUE C/O ROBERT RATLIFF WINTER SPRINGS, FL 32708 US	20 NORTH FAIRFAX AVENUE C/O ROBERT RATLIFF WINTER SPRINGS, FL 32708 US

04062007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
239 Colony Dr	239 Colony Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Casselberry FL	City & State: Casselberry FL
Zip: 32707 Country: Seminole	Zip: 32707 Country: Seminole

4. FEI Number 33-1009011 ☐ 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
RATLIFF, ROBERT M 20 NORTH FAIRFAX AVENUE WINTER SPRINGS, FL 32708	Name: Street Address (P.O. Box Number is Not Acceptable): 239 Colony Dr City: Casselberry FL Zip Code: 32707

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] 4/6/07
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, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RATLIFF, ROBERT M ~~20 NORTH FAIRFAX AVENUE~~ ~~WINTER SPRINGS, FL 32708~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 239 Colony Dr Casselberry FL 32707	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] 4/6/07 321 303 3342
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #