

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90138 038 ***150.00

DOCUMENT # P02000109499

1. Entity Name
**RANTO ACCOUNTING AND CONSULTING SERVICES,
INC.**



Principal Place of Business
**4142 FALLING LEAF DRIVE
NEW SMYRNA BEACH, FL 32168**

Mailing Address
**4142 FALLING LEAF DRIVE
NEW SMYRNA BEACH, FL 32168**

40043936



DO NOT WRITE IN THIS SPACE

04012006 No Chg-P CR2E034 (11/05)

4. FEI Number
55-0800290

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RANTO, SUZANNE L
4142 FALLING LEAF DRIVE
NEW SMYRNA BEACH, FL 32168**

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **RANTO, SUZANNE L**
STREET ADDRESS **4142 FALLING LEAF DRIVE**
CITY - ST - ZIP **NEW SMYRNA BEACH, FL 32168**

TITLE
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CITY - ST - ZIP

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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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-06

Date

386 427 1042

Daytime Phone #