

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000039058



1. Entity Name
RASP, INC.

Principal Place of Business
3875 S TROPICAL TR
MERRITT ISLAND, FL 32952 US

Mailing Address
3675 S TROPICAL TR
MERRITT ISLAND, FL 32952 US

**FILED
Apr 27, 2005 08:00 AM
Secretary of State**



02242005 No Chg-P CR2E034 (10/03)

4. FEI Number 05-0564468	Applied For
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SPRAWLS, LESLIE S
3675 S TROPICAL TR
MERRITT ISLAND, FL 32952

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SPRAWLS, LESLIE D
STREET ADDRESS 3675 S TROPICAL TR
CITY-ST-ZIP MERRITT ISLAND, FL 32952

TITLE VD
NAME ABERCROMBIE, SUSAN
STREET ADDRESS 4850 OCEAN BEACH #205
COCOA BEACH, FL 32931

TITLE SD
NAME PAXSON, CONSTANCE J
STREET ADDRESS 171 ISLAND GROVE DRIVE
CITY-ST-ZIP MERRITT ISLAND, FL 32952

TITLE TD
NAME ROSS, JANICE M
STREET ADDRESS 1 COUNTRY CLUB RD
COCOA BEACH, FL 32931

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

0000000334950
04/27/05-80066-018 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 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.

Leslie D. Sprawls
Leslie D. Sprawls, President President 4/25/05 321 4538760
SIGNATURE: *Leslie D. Sprawls* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #