## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000059448

FILED Feb 08, 2005 Secretary of State

Entity Name: RAZBERRY, INC. **Current Principal Place of Business: New Principal Place of Business:** 645 VALHALLA WAY, APT. 113 LAKE MARY, FL 32746 **Current Mailing Address: New Mailing Address:** 645 VALHALLA WAY, APT. 113 LAKE MARY, FL 32746 FEI Number: 81-0617307 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BRAGASSA, HELEN 645 VALHALLA WAY, APT. 113 LAKE MARY, FL 32746 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition BRAGASSA, HELEN Name: Name: 645 VALHALLA WAY, APT. 113 Address: Address: City-St-Zip: LAKE MARY, FL 32746 City-St-Zip: Title: Title: ( ) Delete PRES (X) Change ( ) Addition WAGNER, STEVENTON S PRES WAGNER, ROBERT C PRES Name: Name: 217 IRVING WAY W 104 ATLANTIC LANE Address: Address: COLUMBUS, OH 43214 36 ISLAMORADA, FL 33036 City-St-Zip: City-St-Zip: Title: (X) Change ( ) Addition ( ) Delete Title: VΡ WAGNER, ROBERT C VP WAGNER, DANIEL D VP Name: Name: 104 ATLANTIC LANE 785 ISLAND CT Address: Address: City-St-Zip: ISLAMORADA, FL 33036 City-St-Zip: COLUMBUS, OH 43214 Title: SEC ( ) Delete Title: (X) Change ( ) Addition WAGNER, DANIEL DISEC WAGNER, STEVENTON S SEC Name: Name: Address: 19231 SW 318TH TER Address: 691 SPRINGS City-St-Zip: HOMESTEAD, FL 33030 53 City-St-Zip: COLUMBUS, OH 43214 Title: TRES Title: ( ) Delete () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: HELEN BRAGASSA **TRES** 02/08/2005

BRAGASSA, HELEN M TRES

645 VALHALLA WAY #113

LAKE MARY, FL 32746

Name:

Address: City-St-Zip: