# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 13, 2006**
**Secretary of State**

DOCUMENT# P03000059448

**Entity Name:** RAZBERRY, INC.

**Current Principal Place of Business:**

77360 OVERSEAS HIGHWAY
ISLAMORADA, FL 33036

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 544
ISLAMORADA, FL 33036

**New Mailing Address:**

**FEI Number: 81-0617307** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BRAGASSA, HELEN
PO BOX 544
ISLAMORADA, FL 33036 US

**Name and Address of New Registered Agent:**

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:**

Title: D ( ) Delete
Name: BRAGASSA, HELEN
Address: 645 VALHALLA WAY, APT. 113
City-St-Zip: LAKE MARY, FL 32746

Title: PRES ( ) Delete
Name: BRAGASSA, HELEN PRES
Address: PO BOX 544
City-St-Zip: ISLAMORADA, FL 33036

Title: VP ( ) Delete
Name: WAGNER, DANIEL D VP
Address: 785 ISLAND CT
City-St-Zip: COLUMBUS, OH 43214

Title: SEC ( ) Delete
Name: WAGNER, STEVENTON S SEC
Address: 691 SPRINGS
City-St-Zip: COLUMBUS, OH 43214

Title: TRES ( ) Delete
Name: BRAGASSA, HELEN M TRES
Address: 645 VALHALLA WAY #113
City-St-Zip: LAKE MARY, FL 32746

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PRES (X) Change ( ) Addition
Name: WAGNER, DANIEL D PRES
Address: 785 ISLAND CT
City-St-Zip: COLUMBUS, OH 43214

Title: VP (X) Change ( ) Addition
Name: WAGNER, STEVENTON S VP
Address: 2581 MEADOWSHIRE RD
City-St-Zip: GALENA, OH 43021

Title: SEC (X) Change ( ) Addition
Name: WAGNER, ROBERT C SEC
Address: 104 ATLANTIC LANE
City-St-Zip: ISLAMORADA, FL 33036

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

SIGNATURE: HELEN BRAGASSA TRES 02/13/2006

Electronic Signature of Signing Officer or Director Date