

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000075602

Entity Name: BLACK RAVEN UNLIMITED, INC.

FILED  
Feb 29, 2004  
Secretary of State

## Current Principal Place of Business:

6402 A MARKSTOWN DR  
TAMPA, FL 33617

## New Principal Place of Business:

11123 LAKE TAHOE DRIVE  
RIVERVIEW, FL 33569

## Current Mailing Address:

6402 A MARKSTOWN DR  
TAMPA, FL 33617

## New Mailing Address:

11123 LAKE TAHOE DRIVE  
RIVERVIEW, FL 33569

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

GEER, ALAN K CPA  
7401 D TEMPLE TERRACE HWY  
TAMPA, FL 33637 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TREA ( ) Change (X) Addition  
Name: LORENZ, MATTHEW S MR  
Address: 5121-D COQUINA KEY DRIVE SE  
City-St-Zip: ST. PETERSBURG, FL 33705 US

Title: PRES ( ) Change (X) Addition  
Name: ONIDI, CELIA L MS  
Address: 11123 LAKE TAHOE DRIVE  
City-St-Zip: RIVERVIEW, FL 33569 US

Title: VP ( ) Change (X) Addition  
Name: COTTER, GINGER R MS  
Address: 11123 LAKE TAHOE DRIVE  
City-St-Zip: RIVERVIEW, FL 33569 US

Title: VP ( ) Change (X) Addition  
Name: STOKELEY, WILLIAM R MR  
Address: PO BOX 1024  
City-St-Zip: INVERNESS, FL 34451 US

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.

SIGNATURE: GINGER COTTER

VP

02/29/2004

Electronic Signature of Signing Officer or Director

Date