


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 08:00 AM
Secretary of State

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| DOCUMENT # P03000101495 |  |
| 1. Entity Name RATLIFF & ASSOCIATES, INC. | |

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| Principal Place of Business 7342 S BROAD STREET BROOKSVILLE, FL 34601 | Mailing Address 7342 S BROAD STREET BROOKSVILLE, FL 34601 |
|---|---|

DO NOT WRITE IN THIS SPACE



04272005 No Chg-P CP2E034 (10/03)

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| 4. FEI Number 59-3724450 | Applied for <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent CAPORICE, NELSON C/O ALBANO & ASSOCIATES 1506 E MARTIN L KING BLVD TAMPA, FL 33610 |
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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.

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|---|--|---------------------|
| SIGNATURE  | (NOTE: Registered Agent signature required when reinstating) | DATE 4-29-05 |
|---|--|---------------------|

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRES RATLIFF, DON PRES 7324 BROAD STREET BROOKSVILLE, FL 34601 |
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05/05/05-80083-009 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered.

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| SIGNATURE  | |
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