


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90136 001 ***150.00

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| DOCUMENT # P03000135477 |  |
| 1. Entity Name RAVAN'S HOME IMPROVEMENTS, INC. | |

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| Principal Place of Business 11884 HOODLANDING ROAD JACKSONVILLE FL 32258 US | Mailing Address 11884 HOODLANDING ROAD JACKSONVILLE FL 32258 US |
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| 2. Principal Place of Business <i>11884 Hoodlanding Rd</i> Suite, Apt. #, etc. | 3. Mailing Address <i>Same</i> Suite, Apt. #, etc. |
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|-------------------------------|-----------------------|-----------------------------------|-------------------------------|
| City & State <i>Jax FL</i> | City & State | 4. FEI Number <i>200405096</i> | Applied For Not Applicable |
| Zip <i>32258</i> | Country <i>USA</i> | Zip | Country |



MOORE CR2E034 (11/03)

| | | | |
|---|--|--|----------|
| 6. Name and Address of Current Registered Agent RAVAN, JAMES B 11884 HOODLANDING ROAD JACKSONVILLE FL 32258 | | 7. Name and Address of New Registered Agent | |
| Name | | Name | |
| Street Address (P.O. Box Number is Not Acceptable) | | Street Address (P.O. Box Number is Not Acceptable) | |
| City | | City | Zip Code |

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P RAVAN, JAMES B 11884 HOODLANDING ROAD JACKSONVILLE FL 32258 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP RAVAN, JAMES B 11884 HOODLANDING ROAD JACKSONVILLE FL 32258 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SEC RAVAN, JAMES B 11884 HOODLANDING ROAD JACKSONVILLE FL 32258 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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)(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.

SIGNATURE: *James B. Ravan* **4-29-04** **234-0734**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #