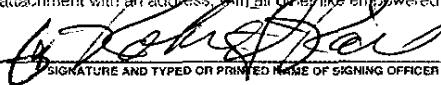


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91028 016 ***150.00

DOCUMENT # P03000142011 1. Entity Name ROBERT RATLEY RATTLER, INC.					
Principal Place of Business 21445 SE 142ND PLACE UMATILLA, FL 32784			Mailing Address 21445 SE 142ND PLACE UMATILLA, FL 32784		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 54-2134409			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent RATLEY, ROBERT 21445 SE 142ND PLACE UMATILLA, FL 32784				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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: _____ Signatures, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when retreating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		-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	PD RATLEY, ROBERT 21445 SE 142ND PLACE UMATILLA, FL 32784	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D RATLEY, DANE C 21445 SE 142ND PLACE UMATILLA, FL 32784	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D RATLEY, BARBARA S 21445 SE 142ND PLACE UMATILLA, FL 32784	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Change ☐ Addition			
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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 4-30-04 1888669-457					