

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000007142	
1. Entity Name RAR MANAGEMENT, INC.	

Principal Place of Business 13700 SUTTON PARK DRIVE N #625 JACKSONVILLE, FL 32224	Mailing Address 13700 SUTTON PARK DRIVE N #625 JACKSONVILLE, FL 32224
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DO NOT WRITE IN THIS SPACE



01312007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0596938	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent AKEL, EDWARD C 1 INDEPENDENT DRIVE SUITE 2301 JACKSONVILLE, FL 32202	DO NOT WRITE IN THIS SPACE
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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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

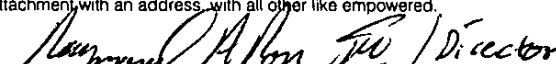
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE PSTD	NAME ROSS, RAYMOND A III
STREET ADDRESS 13700 SUTTON PARK DRIVE N #625	CITY-ST-ZIP JACKSONVILLE, FL 32224
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
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TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

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02/09/07-80031-020 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 	2-02-2007 (904) 273-7088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #