



**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90111 021 \*\*\*150.00

|   |   |  |  |  |  |
|---|---|--|--|--|--|
| <b>DOCUMENT # P04000008167</b><br>1. Entity Name<br><b>CURTIS RATLIFF, INC.</b>   |   |  |  |   |  |
| Principal Place of Business<br><b>4706 SW 20TH AVE.<br/>CAPE CORAL, FL 33914</b>  |   |  | Mailing Address<br><b>4706 SW 20TH AVE.<br/>CAPE CORAL, FL 33914</b> |  |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.   |   | 3. Mailing Address<br><br>Suite, Apt. #, etc.  |  | <br><br>05022005    Chg-P    CR2E034 (10/03) |  |
| City & State<br><br>City    State   |   | City & State<br><br>City    State  |  |  |  |
| Zip    Country  |   | Zip    Country   |  |  |  |
| 4. FEI Number<br><b>20-062527</b>   |   | Applied For<br><input type="checkbox"/> Not Applicable   |  |  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |   |  |  | 6. Name and Address of Current Registered Agent<br><br><b>RATLIFF, CURTIS<br/>4706 SW 20TH AVE.<br/>CAPE CORAL, FL 33914</b>   |  |
| 7. Name and Address of New Registered Agent<br><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City    State    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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |   |  |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 7, 2005</b>   |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.                                   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>         |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | P<br>RATLIFF, CURTIS<br>4706 SW 20TH AVE.<br>CAPE CORAL, FL 33914 | <input type="checkbox"/> Delete  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                  | <input type="checkbox"/> Change <input type="checkbox"/> 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. |   |  |  |  |  |
| <b>SIGNATURE:</b> <u>Curtis Ratliff</u> <b>5/1/05</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>   |   |  |  |  |  |