

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 26, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000009548

1. Entity Name
R.A.T. MANAGEMENT, INC.



Principal Place of Business
**15881 GREY FRIARS COURT
FORT MYERS, FL 33912**

Mailing Address
**15881 GREY FRIARS COURT
FORT MYERS, FL 33912**

DO NOT WRITE IN THIS SPACE



06062006 No Chg-P CR2E034 (11/05)

4. FEI Number
25-1675542

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**THOMA, RICHARD A
15881 GREY FRIARS COURT
FORT MYERS, FL 33912**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTSD
THOMA, RICHARD A
15881 GREY FRIARS CT
FORT MYERS, FL 33912**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
THOMA, TODD
2968 W 12TH ST
ERIE, PA 16505**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000567594
06/26/06-80003-004 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #