

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P04000034446

1. Entity Name
RABCO DEVELOPMENT CORPORATION



Principal Place of Business
6601 LYONS ROAD
SUITE C 7
COCONU CREEK, FL 33070 US

Mailing Address
6601 LYONS ROAD
SUITE C -7
COCONU CREEK, FL 33070 US



03142005 No Chg-P CR2E034 (10/03)

4. FEI Number
20-0759595

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BEAN, RANDY A
6601 LYONS ROAD
SUITE C-7
COCONUT CREEK, FL 33070

**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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

DATE
03/21/05-80082-023 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BEAN, RANDY A
STREET ADDRESS	831SE 7TH AVENUE
CITY-ST-ZIP	POMPANO BEACH, FL 33060
TITLE	P
NAME	BENNETT, RICK
STREET ADDRESS	4000 NW 108TH DRIVE
CITY-ST-ZIP	CORAL SPRINGS, FL 33065
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #