


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90011 041 ***150.00

DOCUMENT # P04000099587 1. Entity Name RATCLIFF RESTORATIONS, INC.					
Principal Place of Business 2218 GLEN MIST DR VALRICO, FL 33594			Mailing Address PO BOX 426 VALRICO, FL 33595		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 54-2155800	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RATCLIFF, CAROL 2218 GLEN MIST DR VALRICO, FL 33594			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 _____ (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: <input type="checkbox"/>		\$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	DPST RATCLIFF, CAROL 2218 GLEN MIST DR VALRICO, FL 33594 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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 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: <u>Carol Ratcliff - Whitaker</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>Mar 16, 07</u>		Daytime Phone #: <u>813.681.6300</u>

ATTACHMENT

Department of Health Vital Statistics

STATE OF FLORIDA MARRIAGE RECORD

(STATE FILE NUMBER)

TYPE IN UPPER CASE

USE BLACK INK

This license not valid unless seal of Clerk,
Circuit or County Court, appears thereon.

INSTR # 2006459232

M/L BK 00696 PG 0709

RECORDED 09/22/2006 04:05 PM

PAT FRANK CLERK OF COURT

HILLSBOROUGH COUNTY

DEPUTY CLERK Fawn Tecer D.C.

B2006-6830

(APPLICATION NUMBER)

APPLICATION TO MARRY

1. GROOM'S NAME (First, Middle, Last) TED DALEN WHITAKER			2. DATE OF BIRTH (Month, Day, Year) 05/30/1950		
3a. RESIDENCE - CITY, TOWN, OR LOCATION RIVERVIEW	3b. COUNTY HILLSBOROUGH	3c. STATE FLORIDA	4. BIRTHPLACE (State or Foreign Country) FLORIDA		
5a. BRIDE'S NAME (First, Middle, Last) GLADYS CAROL RATCLIFF			5b. MAIDEN SURNAME (If different) RATCLIFF		
7a. RESIDENCE - CITY, TOWN, OR LOCATION VALRICO			7b. COUNTY HILLSBOROUGH	7c. STATE FLORIDA	8. BIRTHPLACE (State or Foreign Country) WEST VIRGINIA

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9. SIGNATURE OF GROOM (Sign full name using black ink) <i>Ted D. Whitaker</i>	10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 08/23/2006
11. TITLE OF OFFICIAL FAWN TECER DEPUTY CLERK	12. SIGNATURE OF OFFICIAL (Use black ink) <i>Fawn M Tecer</i>
13. SIGNATURE OF BRIDE (Sign full name using black ink) <i>Gladys Carol Ratcliff</i>	14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 08/23/2006
15. TITLE OF OFFICIAL FAWN TECER DEPUTY CLERK	16. SIGNATURE OF OFFICIAL (Use black ink) <i>Fawn M Tecer</i>

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

17. COUNTY ISSUING LICENSE HILLSBOROUGH	18. DATE LICENSE ISSUED 08/23/2006	18a. DATE LICENSE EFFECTIVE 08/26/2006	19. EXPIRATION DATE 10/25/2006
20a. SIGNATURE OF COURT CLERK OR JUDGE <i>Fawn M Tecer</i>		20b. TITLE COUNTY JUDGE/CLERK	20c. BY D.C. FT

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

21. DATE OF MARRIAGE (Month, Day, Year) 8-16-2006	22. CITY, TOWN, OR LOCATION OF MARRIAGE Tampa		
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <i>Rick C. Nelson</i>	23c. ADDRESS (Of person performing ceremony) 231 N. Dover Rd Dover FL		
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp) Senior Pastor	24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>John J. Lehl</i>		
	25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>John J. Lehl</i>		

INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY - NOT TO BE RECORDED

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

THIS IS TO CERTIFY THAT THE FOREGOING IS A
TRUE AND CORRECT COPY OF THE DOCUMENT ON
FILE IN MY OFFICE. WITNESS MY HAND AND
OFFICIAL SEAL THIS **22nd** DAY OF **Sept** 20 **06**

PAT FRANK, CLERK
BY *bbk* D.C.