

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000129223

Entity Name: RAVENEL SYSTEMS, INC.

FILED  
Jun 25, 2012  
Secretary of State

**Current Principal Place of Business:**

5280 BOXWOOD WAY  
NAPLES, FL 34116

**New Principal Place of Business:**

6017 PINE RIDGE ROAD  
#111  
NAPLES, FL 34119

**Current Mailing Address:**

6017 PINE RIDGE RD #111  
NAPLES, FL 341193956

**New Mailing Address:**

6017 PINE RIDGE ROAD  
#111  
NAPLES, FL 34119

FEI Number: 61-1475756

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MINCK, LINDA R ESQ  
PORTER WRIGHT MORRIS & ARTHUR  
5801 PELICAN BAY BLVD STE 300  
NAPLES, FL 341082709 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PT  
Name: RAVENEL, WILLIAM  
Address: 5280 BOXWOOD WAY  
City-St-Zip: NAPLES, FL 34116

Title: S  
Name: RAVENEL, JULIE  
Address: 5280 BOXWOOD WAY  
City-St-Zip: NAPLES, FL 34116

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM C RAVENEL

PRES

06/25/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date