

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90024 018 ***150.00

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1. Entity Name

RAVENWOOD FOOD, INC.



Principal Place of Business

4949 MARBRISA DRIVE, #315
TAMPA FL 33624

Mailing Address

4949 MARBRISA DRIVE, #315
TAMPA FL 33624



2. Principal Place of Business

4267 HENDERSON BLVD
Suite, Apt. #, etc.
TAMPA FL

3. Mailing Address

4267 HENDERSON BLVD
Suite, Apt. #, etc.
TAMPA FL

City & State

33629 U.S.A.

City & State

33629 USA

Zip

Country

Zip

Country

4. FEI Number

20-2277105

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

BOTTINI, RICHARD
4949 MARBRISA DRIVE, #315
TAMPA FL 33624

7. Name and Address of New Registered Agent

Name RICHARD BOTTINI

Street Address (P.O. Box Number is Not Acceptable)

4267 HENDERSON BLVD

TAMPA

City

FL

Zip

33629

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)

02/14/2006

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME BOTTINI, RICHARD
STREET ADDRESS 4949 MARBRISA DRIVE, #315
CITY-ST-ZIP TAMPA FL 33624

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE OWNER ☒ Change ☐ Addition
NAME RICHARD BOTTINI
STREET ADDRESS 4267 HENDERSON BLVD
CITY-ST-ZIP TAMPA, FL 33629

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

02/14/2006

Date

813 207 0527

Daytime Phone #