## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 25, 2007 08:00 A Secretary of State **DOCUMENT # P05000142041** 1. Entity Name RABRAN INC. Mailing Address Principal Place of Business 4255 SEA ROCK CT. 4255 SEA ROCK CT. APOPKA, FL 32712 APOPKA, FL 32712 US No Cha-P CR2E034 (11/05) 01152007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-3714557 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GARDNER, ROBERT S DO NOT WRITE 4255 SEA ROCK CT APOPKA, FL 32712 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 **\$5.00** May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NICHOLS, SEAN P NAME STREET ADDRESS 617 GREEN ROCK CT U00000731404 CITY-ST-ZIP APOPKA, FL 32712 TITLE SEC GARDNER, ROBERT S NAME STREET ADDRESS 4255 SEA ROCK CT CITY-ST-ZIP APOPKA, FL 32712 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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, withall other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/07

Daytime Phone #

**FILED**