

FILED
Jun 04, 2007 8:00 am
Secretary of State

04-05-2007 90146 023 ***150.00

2007 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)

DOCUMENT # P06000008721																							
1. Entity Name RATH SALES, INC.																							
Principal Place of Business 125 GREENHAVEN TRAIL OLDSMAR FL 34677		Mailing Address 125 GREENHAVEN TRAIL OLDSMAR FL 34677																					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																					
Suite, Apt. #, etc.		Suite, Apt. #, etc.																					
City & State		City & State																					
Zip	Country	Zip	Country																				
4. FEI Number 20-415417		[Applied For] ☐ [Not Applicable] ☒																					
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required																					
6. Name and Address of Current Registered Agent CAROL C. MOYA & ASSOCIATES, INC. 2295 WARWICK DRIVE OLDSMAR FL 34677		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 _____ Signature, typed or printed name of registered agent and fee is applicable (NOTE: Registered Agent signature required when removing) DATE _____																							
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																					
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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: <u>Diane Rath</u>		Date: <u>5/27/07</u> 727-785-7075																					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #																					