

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90018 041 ***150.00

DOCUMENT # P94000001900

1. Entity Name
RANKAS, INC.



Principal Place of Business: **519-D NW 10TH AVE GAINESVILLE FL 32601**

Mailing Address: **720 NE BOULEVARD GAINESVILLE FL 32601**



2. Principal Place of Business - No P.O. Box #
405 Dove Ln

3. Mailing Address
405 Dove Ln

Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State: **Satellite Beach**

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Zip: **32937** Country: **USA**

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4. FEI Number: **65-0456760**

Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DUBINSKY, NANCY
720 NE BLVD
GAINESVILLE FL 32601

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: *Nancy Dubinsky* (NOTE: Registered Agent signature required when reappointing.) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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: P	<input type="checkbox"/> Delete
NAME: DUBINSKY, RONALD	
STREET ADDRESS: 720 NE BOULEVARD	
CITY-ST-ZIP: GAINESVILLE FL 32601	
TITLE: ST	<input type="checkbox"/> Delete
NAME: DUBINSKY, NANCY	
STREET ADDRESS: 720 NE BOULEVARD	
CITY-ST-ZIP: GAINESVILLE FL 32601	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Nancy Dubinsky, secy*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone #: _____