2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 31, 2005 8:00 am Secretary of State

DOCUMENT # P9400017500 1. Entity Name RATHBUN ENTERPRISE, INC.					. 01-31-2005 90083 013 ***150.00				
Principal Plac	e of Business	Mailing Address			7		Faar	00400	
10169 UNIVERSITY BLVD ORLANDO, FL 32817 US		10169 UNIVERSITY BLVD Orlando, fl 32817 us				-11 6140 4010 5011 5011	4 RG461 44G15 4EGRI GUUS GENS EE	08488	
2 Principal P	lace of Business	3. Mailing Address							
					STILL BY INSTRUCTION OF STREET	1 88 185 11861 18 885 BIJA 83 111 83			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01272005	Chg-P	CR2E034 (10/03)			
City & State		City & State			4. FEI Number 59-3233			oplied For at Applicable	
Zíp	Country	Zip	Countr		5. Certificate of	f Status Desired	S8.75 Add		
	6. Name and Address of Current	Registered Agent	1		7. Name and A	ddress of New R	•		
Nam									
RATHBUN, JANICE 947 POINSETTIA DR CHULUOTA, FL 32766				Street Address (P.O. Box Number is Not Acceptable)					
				0.3					
				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 registored agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5. Trust Fund Contribution.									
10.	OFFICERS AND		11.		ADDITIONS/0	HANGES TO OFF	ICERS AND DIRECTOR		
TITLE NAME	D RATHBUN, JANICE	☐ Delete	TITLI				☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	ISSS 10169 UNIVERSITY BLVD STI		STRE	EET ADDRESS -ST-ZIP					
TITLE			TITLI				☐ Change	Addition	
NAME	RATHBUN, JOE NAM			E			_ ,	_	
STREET ADORESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP					
TITLE	ORLANDO, FL 32817	☐ Delete	TITLE				☐ Change	☐ Addition	
NAME	•	□ Ociete	NAM	I	•	•			
STREET ADDRESS	,			ET ADDRESS				-	
CITY-ST-ZIP		□ Delete	TITLE	-ST-ZIP	-		☐ Change	Addition	
TITLE NAME		Delete	NAM	I			Change	Medition	
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP				-ST-ZIP		•	☐ Change	☐ Addition	
TITLE NAME		Delete	TITLI				C) change		
STREET ADDRESS				EET ADORESS					
CITY-ST-ZIP				-ST-ZIP					
TITLE NAME		. Delete	TITLI				☐ Change	Addition	
STREET ADDRESS	· ·	1		EET ADDRESS					
			-ST-ZIP						
12. I hereby a	certify that the information supplied with	n this filing does not qualify to	or the exe	motion stated in	Section 119.07(3)(i)	. Florida Statutes.	I further certify that the i	ntormation	

indicated on this report or supplied with his limit does not qualify for the exemption scaled in occurn 19.07(3)(f). Florida Statutes, further certain that the mindicated in decident report or suppliemental 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.

Daytime Phone #