

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2005 08:00 AM
Secretary of State



DOCUMENT # P94000091981
1. Entity Name
RAS SERVICES OF JACKSONVILLE, INC.

Principal Place of Business 5272 HOFF PRINT DR N J JAX FL 32257 US	Mailing Address PO BOX 56106 JACKSONVILLE FL 32241 US
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1st MOORE CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address
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Suite, Apt #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number **59-3285612** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SAUNDERS, MELBOURNE A
5272 HOOFF PRINT DR N
J
JAX FL 32257**

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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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		Delete <input type="checkbox"/>
TITLE	D SAUNDERS, MELBURNE A	<input type="checkbox"/>
NAME	SAUNDERS, MELBURNE A	
STREET ADDRESS	5272 HOOFF PRINT DRIVE NORTH	
CITY- ST- ZIP	JACKSONVILLE FL 32257	
TITLE	D SAUNDERS, RUTH A	<input type="checkbox"/>
NAME	SAUNDERS, RUTH A	
STREET ADDRESS	5272 HOOFF PRINT DRIVE NORTH	
CITY- ST- ZIP	JACKSONVILLE FL 32257	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		Change <input type="checkbox"/>	Add <input type="checkbox"/>
TITLE	U00000360637	<input type="checkbox"/>	<input type="checkbox"/>
NAME	05/05/05-80042-021 150.00		
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY- ST- ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAS Saunders 4-30-05 904-262-3103
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #