

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90057 009 ***158.75

DOCUMENT # P97000076550

1. Entity Name

RAKEN ENTERPRISES, INC.



Principal Place of Business

1935 NW 18TH ST
POMPANO BCH FL 33069
US

Mailing Address

900 CYPRESS WAY
BOCA RATON FL 33486
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number
65-0773130

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ROBERTS, CHARLOTTE A
1935 NW 18TH ST
POMPANO BCH FL 33069

7. Name and Address of New Registered Agent

Name **Charlotte Roberts**
Street Address (P.O. Box Number is Not Acceptable)
900 Cypress Way
Boca Raton
City **FL** Zip Code **33486**

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

Charlotte Roberts

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, 2004 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	PD	<input type="checkbox"/> Delete
NAME	ROBERTS, RAYMOND A	
STREET ADDRESS	900 CYPRESS WAY	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SEEGER, KENNETH V	
STREET ADDRESS	1034 NW 121 LANE	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SEEGER, SHANNON E	
STREET ADDRESS	1034 NW 121 LANE	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ROBERTS, CHARLOTTE A	
STREET ADDRESS	900 CYPRESS WAY	
CITY-ST-ZIP	BOCA RATON FL 33486	
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	
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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 exemption stated in Section 119.07(3)(i), 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:

Charlotte Roberts **Charlotte Roberts** 2-21-04 561 361 2945

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #