

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90193 048 \*\*\*150.00

DOCUMENT # P98000016424

1. Entity Name  
R. A. F. HOLDINGS, INC.



Principal Place of Business  
2700 ARDISIA LANE  
NAPLES, FL 34109 US

Mailing Address  
2700 ARDISIA LANE  
NAPLES, FL 34109 US

24068153



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04262004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-3493657

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FOWLE, RONALD A  
~~4430 WILDER RD~~  
~~NAPLES, FL 34105~~

Name

Street Address (P.O. Box Number is Not Acceptable)

2700 ARDISIA LANE

City  
NAPLES

FL

Zip Code  
34109

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, 2004 Fee will be \$550.00**

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

TITLE D ☐ Delete  
NAME FOWLE, RONALD A  
STREET ADDRESS ~~4430 WILDER RD~~  
CITY-ST-ZIP ~~NAPLES, FL 34105~~

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 3638 CEDAR HAMMOCK COURT  
CITY-ST-ZIP NAPLES, FL 34112

TITLE D ☐ Delete  
NAME FOWLE, RONALD A JR  
STREET ADDRESS ~~4430 WILDER RD~~  
CITY-ST-ZIP ~~NAPLES, FL 34105~~

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2700 ARDISIA LANE  
CITY-ST-ZIP NAPLES, FL 34109

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #