## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P98000062333** RAGAN DEVELOPMENT CORPORATION

**FILED** Feb 11, 2005 08:00 AM Secretary of State

CR2E034 (10/03)

Principal Place of Business

Mailing Address

1936 SW WOOD DUCK LANE PALM CITY, FL 34990

1936 SW WOOD DUCK LANE PALM CITY, FL 34990



## DO NOT WRITE IN THIS SPACE

NATURE AND TYPED OR PRINTED NAME OF BIOMING OFFICER OR DIRECTOR

6. Name and Address of Current Registered Agent

| 4. FEI Number | Applied For    |
|---------------|----------------|
| 65-0852101    | Not Applicable |
|               |                |

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

RAGAN, PAUL R 1936 SW WOOD DUCK LANE PALM CITY, FL 34990

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

No Chg-P

01272005

|  |   | ** ***                                |     |      |   |  |
|--|---|---------------------------------------|-----|------|---|--|
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered egent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent   |   |                                       |     |      |   |  |
| SIGNATURE  |   |                                       |     |      |   |  |
| FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  \$. Election Campaign Financing \$5.00 No. 10 Trust Fund Contribution.  |   | \$5.00 May Be<br>Added to Fees        | is. |      |   |  |
| 10.  | OFFICERS AND DIREC  | CTORS                                 |     |      |   |  |
| TITLE NUME STREET ADDRESS CITY-ST-ZIP  | P<br>RAGAN, PAUL R<br>1936 SW WOOD DUCK LANE<br>PALM CITY, FL 34990 |                                       |     |      | H00000224690<br>02/11/05-80010-002 150.00 |  |
| TITLE NAME SIDEET ADDRESS CITY-ST-ZIP  |   |                                       |     |      | 02/11/05-80010-002 150,00                 |  |
| TITLE RAINE STREET ADDRESS   |   |                                       |     |      |   |  |
| CITY-ST-7IP  |   |                                       |     | DO   | NOT WRITE                                 |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   | , , , , , , , , , , , , , , , , , , , |     | IN . | THIS SPACE                                |  |
| TITLE NAME STREET ADDRESS CHY-ST-ZIP   |   | ,                                     |     |      |   |  |
| TITLE<br>HAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |                                       |     | — ·· | <u></u> ·                                 |  |
| 12. I hereby certify that the information supplied with this filling 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 earls, 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 gardross, with all other like empowered. |   |                                       |     |      |   |  |