

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000074248

FILED  
Apr 29, 2004  
Secretary of State

Entity Name: RAS TECHNOLOGIES GROUP, INC.

**Current Principal Place of Business:**

896 E. OHIO AVE.  
LAKE HELEN, FL 32744

**New Principal Place of Business:**

**Current Mailing Address:**

896 E. OHIO AVE.  
LAKE HELEN, FL 32744

**New Mailing Address:**

FEI Number: 59-3527818      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SPENCER, ROBERT L  
896 E. OHIO AVE.  
LAKE HELEN, FL 32744

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: SPENCER, ALMA B  
Address: 896 E OHIO AVE  
City-St-Zip: LAKE HELEN, FL 32744

Title: D ( ) Delete  
Name: BYRD, LEE ROY  
Address: 896 E OHIO AVE  
City-St-Zip: LAKE HELEN, FL 32744

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD ( ) Change (X) Addition  
Name: SPENCER, ROBERT L  
Address: 896 E. OHIO AVE.  
City-St-Zip: LAKE HELEN, FL 32744

Title: D ( ) Change (X) Addition  
Name: BYRD, TIMOTHY J  
Address: 896 E. OHIO AVE.  
City-St-Zip: LAKE HELEN, FL 32744

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT L. SPENCER

PD

04/29/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date