


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000081092 1. Entity Name THE RAVEN GROUP, INC.	
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Principal Place of Business 3138 BAYBERRY WAY MARGATE, FL 33063	Mailing Address 3138 BAYBERRY WAY MARGATE, FL 33063
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01212004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0866782

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

6. Name and Address of Current Registered Agent

**EVANS, TRUDY J
3138 BAYBERRY WAY
MARGATE, FL 33063**

**DO NOT WRITE
IN THIS SPACE**

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, a 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**

**U000000102491
04/05/04-80017-017 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES EVANS, TRUDY J 3138 BAYBERRY WAY MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP EVANS, WILLIAM P 3138 BAYBERRY WAY MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 is changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

WPE *WILLIAM P. EVANS VP* *April 2 2004*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954.755.1616