


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2005 08:00 AM
Secretary of State

DOCUMENT # S74255 1. Entity Name RAVEN DEVELOPMENT, INC.	
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01112005 No Chg-P CR2E034 (10/03)

Principal Place of Business 2342 KINGS PT DR LARGO, FL 33774 US	Mailing Address 2342 KINGS POINTE DR LARGO, FL 34644 US
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3080580	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent VAILLANCOURT, ROBIN A 2342 KINGS PT DRIVE LARGO, FL 33774

**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, 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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP VAILLANCOURT, ROBIN A 2342 KINGS POINTE DR LARGO, FL 33774
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVST VAILLANCOURT, JUDITH J 2342 KINGS POINTE DR LARGO, FL 33774
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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)(f), 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: Robin A. Vaillancourt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-05
Date

727-596-9094
Daytime Phone #

-ROBIN A. VAILLANCOURT, Pres.