


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2007 8:00 am**  
**Secretary of State**

03-22-2007 90012 050 \*\*\*150.00

<b>DOCUMENT # S97933</b>	
1. Entity Name <b>RAIR INVESTMENTS, INC.</b>	

Principal Place of Business <b>6731 WEST NORVELL BRYANT HIGHWAY CRYSTAL RIVER, FL 34429</b>	Mailing Address <b>6731 WEST NORVELL BRYANT HIGHWAY CRYSTAL RIVER, FL 34429</b>
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2. Principal Place of Business - No P.O. Box # <b>1000 NE 5th St</b>	3. Mailing Address <b>1000 NE 5th St</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Crystal River, FL</b>	City & State <b>Crystal River, FL</b>
Zip <b>34429</b>	Zip <b>34429</b>
Country <b>USA</b>	Country <b>USA</b>

03152007 Chg-P CR2E034 (12/06)

4. FEI Number <b>59-3117645</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>MINIARD, RUTHERFORD O 6731 WEST NORVELL BRYANT HIGHWAY CRYSTAL RIVER, FL 34429</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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.

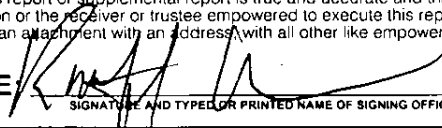
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MINIARD, RUTHERFORD 6731 WEST NORVELL BRYANT HIGHWAY CRYSTAL RIVER, FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P Miniard, Rutherford 1000 NE 5th St Crystal River, FL 34429</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 # \_\_\_\_\_