

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # V16107**

1. Entity Name  
**RAGAN GANTT & ASSOCIATES, PROFESSIONAL  
ASSOCIATION**



Principal Place of Business

**8220 SUNSET DR.  
MIAMI, FL 33143**

Mailing Address

**P.O. BOX 430240  
SOUTH MIAMI, FL 33243 US**



04282004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0313626**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**GANTT, RAGAN  
8220 SUNSET DR.  
MIAMI, FL 33143**

**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 re-registering)

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**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP GANTT, RAGAN 8220 SUNSET DR. MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST GANTT, ELIZABETH 8220 SUNSET DR. MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V GANTT, LYSA 8220 SUNSET DRIVE MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

060000143827  
4-30-04-80106-019 150.00

**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 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

**4-28-04**  
Date

**305-274-2141**  
Daytime Phone #

**RAGAN GANTT**