

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 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



DO NOT WRITE IN THIS SPACE

04222005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0313626	Applied For <input type="checkbox"/> Not Applicable
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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 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**

**U000000344667
04/30/05-80004-020 150.00**

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	

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/05

Date

Daytime Phone # _____