

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

FILED
May 01, 2006 08:00 A
Secretary of State



04282006 No Chg-P CR2E034 (11/05)

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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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05/13/06-80127-005 150.00

**DO NOT WRITE
IN THIS SPACE**

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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-06

Date

305-274-2141

Daytime Phone #