


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 07, 2007 8:00 am**  
**Secretary of State**

05-07-2007 90068 028 \*\*\*550.00

<b>DOCUMENT # V73259</b> 1. Entity Name <b>RAHO, INC.</b>					
Principal Place of Business <b>1610 S. FISKE BLVD. ROCKLEDGE, FL 32955</b>			Mailing Address <b>5775 N TROPICAL TRAIL MERRITT ISLAND, FL 32953 US</b>		
2. Principal Place of Business - No P.O. Box # <b>1670 - 1682 S Fiske</b>		3. Mailing Address <b>1407 ROCKLEDGE DR</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>ROCKLEDGE, FL</b>		City & State <b>ROCKLEDGE FL.</b>		4. FEI Number <b>59-3165419</b>	
Zip <b>32955</b>		Country <b>FLORIDA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>RAY, DAVID C. 1610 S. FISKE BLVD. ROCKLEDGE, FL 32955</b>					
7. Name and Address of New Registered Agent Name <b>RAY, DAVID C.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1407 ROCKLEDGE DR</b> City <b>ROCKLEDGE</b> FL <b>32955</b>					
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 <b>DAVID C RAY, (President)</b> <i>David C Ray</i> <b>5/4/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT <input checked="" type="checkbox"/> Delete <b>RAY, DAVID C. 1610 FISKE BLVD., SOUTH ROCKLEDGE, FL</b>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS <input type="checkbox"/> Delete <b>HOBBS, GARY K. 5775 N. TROPICAL TR. MERRITT ISLAND, FL</b>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>RAY, DAVID C. 1407 ROCKLEDGE DR. ROCKLEDGE, FL. 32955</b>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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.					
<b>SIGNATURE:</b> <i>David C Ray</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<b>5-4-07</b> <b>321 639-3624</b> <small>Date Daytime Phone #</small>	