


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P00000016185
 1. Entity Name
 RABER INDUSTRIES, INC.



Principal Place of Business Mailing Address
 2190 SESBASTIAN COURT 2190 SESBASTIAN COURT
 ALVA, FL 33920 ALVA, FL 33920

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04222004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 65-0982765 Not Applicable

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

6. Name and Address of Current Registered Agent
 SUBBERT, DANIEL W
 17690 OAK CREEK RD
 ALVA, FL 33920

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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) 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


U00000142414
 04/30/04-80050-014 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ROBER, THOMAS E JR
STREET ADDRESS	2190 SEBASTIAN CT
CITY-ST-ZIP	ALVA, FL 33920
TITLE	S
NAME	SUBBERT, DANIEL W
STREET ADDRESS	17690 OAK CREEK RD
CITY-ST-ZIP	ALVA, FL 33920
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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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:  Date: 4/21/04 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR