


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 08:00 AM**  
**Secretary of State**

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



Principal Place of Business  
**2190 SESBASTIAN COURT  
 ALVA, FL 33920**

Mailing Address  
**2190 SESBASTIAN COURT  
 ALVA, FL 33920**

**DO NOT WRITE IN THIS SPACE**



03292006 No Chg-P CRZE034 (11/05)

4. FEI Number  
**65-0982765**

Applied For  
 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**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**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 NAME STREET ADDRESS CITY - ST - ZIP	<b>P ROBER, THOMAS E JR 2190 SEBASTIAN CT ALVA, FL 33920</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S SUBBERT, DANIEL W 17690 OAK CREEK RD ALVA, FL 33920</b>
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100000497279  
 04/22/06-80044-023 150.00

**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 filers engaged.

SIGNATURE:  3/29/6  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #