

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # 236073 1. Entity Name ASSOCIATED RACK CORPORATION	
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Principal Place of Business 1245 16TH STREET VERO BEACH, FL 32960 US	Mailing Address 1245 16TH STREET VERO BEACH, FL 32960 US
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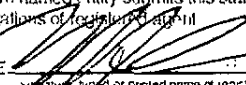
01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0911600	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FAULMAN, WILLIAM 1245 16TH STREET VERO BEACH, FL 32960

**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  Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating)	DATE 1/31/05
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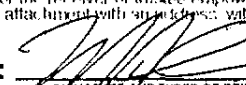
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAULMAN, WILLIAM 1245 16TH STREET VERO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAULMAN, MICHAEL 1245 16TH STREET VERO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAULMAN, VIRGINIA 1245 16TH STREET VERO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FAULMAN, PHYLLIS 1245 16TH ST VERO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/02/05-80065-018 150.00

**DO NOT WRITE
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 707, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an affidavit with my address, with all other like empowered.
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SIGNATURE:  Typed or printed name of signing officer or director	DATE 1/31/05 Day/Mo/Yr
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