

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P35788

1. Entity Name
RAIL MANAGEMENT CORPORATION



Principal Place of Business

**2605 THOMAS DR.
PANAMA CITY, FL 32408**

Mailing Address

**2605 THOMAS DR.
PANAMA CITY, FL 32408 US**



04052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
63-0820793

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DURDEN, K. EARL
2605 THOMAS DRIVE
PANAMA CITY BEACH, FL 32411**

**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 reappointing)

DATE

**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

**U000000336854
04/27/05-80142-018 150.00**

10. **OFFICERS AND DIRECTORS**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**COBD
DURDEN, K. EARL
2605 THOMAS DRIVE
PANAMA CITY BCH., FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VCBD
CONNOR, DONALD P.
2605 THOMAS DRIVE
PANAMA CITY BCH., FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPT
HELMS, D SCOTT
2605 THOMAS DRIVE
PANAMA CITY BCH., FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCOD
DURDEN, MICHAEL E
2605 THOMAS DR
PANAMA CITY BEACH, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
PARKER, BARRY L
2605 THOMAS DR.
PANAMA CITY, FL 32408**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HUSKEY, D
112 W ADAMS ST
DOTHAN, AL**

**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)(j), 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 an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/05
Date

850-230-8331
Daytime Phone #