



**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 13, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 240458</b> 1. Entity Name <b>RAKER CORPORATION</b>			
Principal Place of Business <b>1123 SHIPWATCH CIR. TAMPA, FL 33602-5785</b>		Mailing Address <b>1123 SHIPWATCH CIR. TAMPA, FL 33602-5785</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
			
		01062005 No Chg-P CR2E034 (10/03)	
4. FEI Number <b>59-0908912</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MCNEILL, HAROLD L 1123 SHIPWATCH CIRCLE TAMPA, FL 33602</b>		<b>DO NOT WRITE IN THIS SPACE</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
		111111111179169 01/13/05-80007-016 158.75	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		D MORRIS, RUTH 2801 ROSSER ROAD SANFORD, NC 27330	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		PTD MCNEILL, HAROLD L 1123 SHIPWATCH CIRCLE TAMPA, FL 33602	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		SD MCNEILL, PRENTISS 52 LONDONDERRY ROAD WINDHAM, NH 03087	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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: <u>Harold L. McNeill</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1-10-05 (813) 224-9782 Date Daytime Phone #	