## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # F93000004656** 

1. Entity Name

## **FILED** Apr 29, 2004 8:00 am Secretary of State

04-29-2004 90213 046 \*\*\*150.00

RACKLE	/ SYSTEMS, INC.									
Principal Place	e of Business	Mailing Address								
100 DISK DR Pulaski, TN 38478 US		P. O. BOX 594 PULASKI, TN 38478-0594					940	7073	4	
FULMORI, IN	30470 03	1 0LA3M, 11 30-70-033	7	}	( feeties his	18188	i <b>Pa</b> lif <b>be</b> in sisis		(	
2. Principal Place of Business		3. Mailing Address 3 Waterside Crossing		ng						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04222004	Chg-P	CR2E034	4 (10/03)		
City & State	e	City & State	T		4. FEI Numbe				plied For	
7in	Country	VO 11 10 30 1	Country		62-114	7902			t Applicable	
Zip	Country	06095	-USA		- 5. Certificate	of Status Desired		<b>8.75</b> -Add ee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent						
000000	TION OFFICE COMPANY		Name							
CORPORATION SERVICE COMPANY 1201 HAYS STREET			Street Address (P.O. Box Number is Not Acceptable)							
TALLAHASSEE, FL 32301-2525								<b></b>		
								T = -		
			City				FL	Zip Code	a	
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										
O'GIVITONE_	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: R	egistered Agent signati	ure required	when reinstating)		DATE			
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	9. Election Campaign Trust Fund Contrib		<b>\$5.</b> Adde	<b>00</b> May Be ed to Fees					
10. OFFICERS AND		DIRECTORS	11.		ADDITIONS	CHANGES TO OFF	ICERS AND D	DIRECTOR	5 IN 11	
TITLE	COB	Delete	TITLE	CEO,	/D			☐ Change	Addition	
NAME	RACKLEY, JOE M JR.		NAME STREET ADDRESS		C. MENZ TERSIDE					
STREET ADDRESS CITY-ST-ZIP	2128 ELKTON PIKE PULASKI, TN 38478		CITY-ST-ZIP	!	Suc CT					
TITLE	EVP	Delete	TITLE	ρ	<u></u>			☐ Change	TP Addition	
NAME	STROOP, MARK S	<b>2</b> 00000	NAME	SAL	IL DONT	3(	•			
STREET ADDRESS	2602 PROSPECT ROAD		STREET ADDRESS	1		CROSS MIC	_			
CITY-ST-ZIP	PULASKI, TN		CITY-ST-ZIP		TSEC/D	CT 06095				
. TITLE	RACKLEY, J. MATT III	→ Delete	TITLE - ·	JAME	ES CALAB	RESE		☐ Change	Addition	
STREET ADDRESS	355 HICKS OUT RD		STREET ADDRESS	3 W,	ATERSIDE	CROSSING				
CITY-ST-ZIP	PULASKI, TN		CITY-ST-ZIP	WIR	1050R	CT O600	15			
TITLE	SVP	Delete	TITLE	5/1		<b></b>	1	☐ Change	Addition	
NAME CIDEET ADDRESS	RACKLEY, WILLIAM		NAME CTREET ADDRESS	MAR	Y ANNE	TILLONA				
STREET ADDRESS CITY-ST-ZIP	1972 ELKTON PIKE   PULASKI, TN		STREET ADDRESS CITY-ST-ZIP			E CROSSING CT 06095				
TITLE	P	□ Delete	TITLE	EVE	>			Change	Addition	
NAME	MOORE, DONNIE	_ bolde	NAME	MOO	RE, DON		,			
STREET ADDRESS	188 RIDGEVIEW RD		STREET ADDRESS	T 001	ISK DRIV	E				
CITY-ST-ZIP	PULASKI, TN		CITY-ST-ZIP	PUL.	ASKI, -	TN 38478				
TITLE	VPT	Delete	TITLE					☐ Change	☐ Addition	

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

RACKLEY, DAVID E.

**500 HICKS PIKE** 

PULASKI, TN

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

860-602-2580