


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 08:00 A
Secretary of State

DOCUMENT # F97000006056
 1. Entry Name
RAULAND-BORG CORPORATION OF FLORIDA



Principal Place of Business 620 DOUGLAS AVE. SUITE 1316 ALTAMONTE SPRINGS, FL 32714	Mailing Address 620 DOUGLAS AVE. SUITE 1316 ALTAMONTE SPRINGS, FL 32714
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DO NOT WRITE IN THIS SPACE



02082007 No Chg-P CR2E034 (11/05)

4. FEI Number 36-2124601	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	PD GRAHAM, SUZANNE H 620 DOUGLAS AVE. SUITE 1316 ALTAMONTE SPRINGS, FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STALKFLEET, RICK 3450 WEST OAKTON ST. SKOKIE, IL 600762951
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIDDER, NORMAN 3450 WEST OAKTON ST. SKOKIE, IL 600762951
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRUCKS, KENNETH 3450 WEST OAKTON ST. SKOKIE, IL 600762951
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/20/07-80051-002 150.00

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 info empowered.

SIGNATURE: Suzanne H. Graham **SUZANNE GRAHAM** 2/8/07 407 830 6195
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #