


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90021 031 ***150.00

DOCUMENT # H87774 <small>1. Entity Name</small> EDWARD RACK CORPORATION	
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Principal Place of Business # NORMAN RACK 6800 N.W. 88TH AVENUE TAMARAC, FL 33321	Mailing Address # NORMAN RACK 6800 N.W. 88TH AVENUE TAMARAC, FL 33321
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DO NOT WRITE IN THIS SPACE



02162004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2613132	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RACK, NORMAN
 6800 N.W. 88TH AVENUE
 TAMARAC, FL 33321

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	D RACK, EDWARD 6800 NW 88TH AVENUE TAMARAC, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RACK, GENEVIEVE SALLY 6800 NW 88TH AVENUE TAMARAC, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RACK, NORMAN C 6800 NW 88TH AVE TAMARAC, FL 33321
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Norman C Rack NORMAN C RACK 2/25/04 V.P./SEC
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #