


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90205 002 \*\*\*150.00

<b>DOCUMENT # J58067</b> 1. Entity Name <b>RAECO OF OCALA, INC.</b>					
Principal Place of Business <b>3927 SW 89TH AVENUE OCALA, FL 33481 US</b>			Mailing Address <b>PO BOX 770119 OCALA, FL 34477 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>SCHAD, CYNTHIA R 3927 S.W 89TH AVE. OCALA, FL 34481</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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) DATE</small>					
<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 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	TS		TITLE		
NAME	SCHAD, CYNTHIA R.		NAME		
STREET ADDRESS	3927 SW 89 AVENUE		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34481		CITY-ST-ZIP		
TITLE	VP		TITLE		
NAME	SCHAD, BRAM M.		NAME		
STREET ADDRESS	3927 SW 89 AVENUE		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34481		CITY-ST-ZIP		
TITLE	P		TITLE		
NAME	SCHAD, MARK G		NAME		
STREET ADDRESS	3927 SW 89TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34481		CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.					
<b>SIGNATURE:</b> <u>Cynthia R. Schad, Cynthia R. Schad, Treas.</u> <span style="float: right;">4/26/05 237-237-1225</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					