

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2005 08:00 AM
Secretary of State

DOCUMENT # L40967 1. Entity Name RAULERSON BOOKKEEPING & TAX SERVICE, INC.	
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Principal Place of Business 10611 RAULERSON RANCH RD TAMPA, FL 33637-5337	Mailing Address 10611 RAULERSON RANCH RD TAMPA, FL 33637-5337
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DO NOT WRITE IN THIS SPACE



03152005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2986881	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RAULERSON, JOHNNIE J 10615 RAULESON RANCH RD TAMPA, FL 33637	DO NOT WRITE IN THIS SPACE
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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 _____ Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when requesting g.u.)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAULERSON, JOHNNIE J. 10615 RAULERSON RANCH RD TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RAULERSON, GLENN K 10613 RAULERSON RANCH RD. TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM MASSARO, MARTHA J 1725 ELKSPRING DR BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

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>Johnnie J. Raulerson</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <u>4/4/05</u> (813) 985-6886 Daytime Phone #
Johnnie J. Raulerson, President	