


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # L85248

1. Entity Name
RAULERSON RANCH, INC.



Principal Place of Business: **10615 RAULERSON RANCH ROAD TAMPA, FL 33637**

Mailing Address: **10615 RAULERSON RANCH ROAD TAMPA, FL 33637**

DO NOT WRITE IN THIS SPACE



03152005 No Chg-P CR2E034 (10/03)

4. FEI Number: **59-3017759** Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

RAULERSON, JOHNNIE
10611 RAULERSON RANCH ROAD
TAMPA, FL 33637

DO NOT WRITE IN THIS SPACE

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 line 4 applicable. (NOTE: Registered Agent signature space is when changing)

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**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RAULERSON, JOHNNIE
STREET ADDRESS	10611 RAULERSON RANCH RD
CITY-ST-ZIP	TAMPA, FL
TITLE	VD
NAME	RAULERSON, GLENN K.
STREET ADDRESS	10615 RAULERSON RANCH RD
CITY-ST-ZIP	TAMPA, FL
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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 04/04/05-80044-005 150.00

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: *Johnnie Raulerson* **4/1/05** (813) 988-3698

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Johnnie J. Raulerson, President