


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 09, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L85248**  
 1. Entity Name  
**RAULERSON RANCH, INC.**



Principal Place of Business      Mailing Address  
 10615 RAULERSON RANCH ROAD      10615 RAULERSON RANCH ROAD  
 TAMPA, FL 33637                      TAMPA, FL 33637

**DO NOT WRITE IN THIS SPACE**



03192007    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>59-3017759</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 use if applicable. (NOTE: Registered Agent signature required when re-registering)

**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

000000763994  
 05/30/07-80008-004 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>RAULERSON, JOHNNIE</b> <b>10611 RAULERSON RANCH RD</b> <b>TAMPA, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>RAULERSON, GLENN K.</b> <b>10615 RAULERSON RANCH RD</b> <b>TAMPA, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 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 like empowered.

**SIGNATURE:**       4/30/07      (813) 988-3698  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #