


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2004 8:00 am
Secretary of State

03-16-2004 90038 035 ***150.00

DOCUMENT # P02000073050 1. Entity Name RAULAND CORPORATION OF FLORIDA	
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Principal Place of Business 620 DOUGLAS AVE. SUITE 1316 ALTAMONTE SPRINGS, FL 32714	Mailing Address 620 DOUGLAS AVE. SUITE 1316 ALTAMONTE SPRINGS, FL 32714
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94030266



01262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-2124601	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRAHAM, SUZANNE 620 DOUGLAS AVE. STE. 1316 ALTAMONTE SPRINGS, FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRUCKS, WILLIAM 3450 W. OAKTON STREET SKOKIE, IL 60076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STALKFLEET, RICK 3450 W. OAKTON STREET SKOKIE, IL 60076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIDDER, NORM 3450 W. OAKTON STREET SKOKIE, IL 60076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: <i>Suzanne Graham</i> Suzanne Graham	1-28-04	407-830-6175
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>