2007 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 22, 2007 08:00 AM Secretary of State **DOCUMENT # P02000098250** 1. Entity Name SALLY OLSEN RACKEY, P.A. Principal Place of Business Mailing Address 4353 EASTWOOD DRIVE 4353 EASTWOOD DRIVE SARASOTA, FL 34232 SARASOTA, FL 34232 01102007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 82-0559945 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RACKEY, SALLY O DO NOT WRITE 4353 EASTWOOD DRIVE SARASOTA, FL 34232 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 ________Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 П Trust Fund Contribution. OFFICERS AND DIRECTORS 10. TITLE PD NAME RACKEY, SALLY O STREET ADDRESS 4353 EASTWOOD DRIVE CITY-ST-ZIP SARASOTA, FL 34232 TITLE 000000642849 NAME STREET ADDRESS 03/01/07-80060-018 150.00 CITY-ST-ZIP THILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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:

TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Daytime Phone #

FILED