

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000098354

FILED  
Jan 19, 2009  
Secretary of State

Entity Name: RAECO METAL SPECIALTIES, INC.

## Current Principal Place of Business:

3927 SW 89TH AVE  
OCALA, FL 34481

## New Principal Place of Business:

## Current Mailing Address:

3927 SW 89TH AVE  
OCALA, FL 34481

## New Mailing Address:

FEI Number: 61-1425174

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCHAD, MARK  
3927 SW 89TH AVE  
OCALA, FL 34481 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SCHAD, MARK  
Address: 3977 SW 89TH AVE  
City-St-Zip: OCALA, FL 34474

Title: VPST ( ) Delete  
Name: SCHAD, KAREN  
Address: PO BOX 5064  
City-St-Zip: OCALA, FL 34478

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPST (X) Change ( ) Addition  
Name: SCHAD, KAREN  
Address: 3927 S.W. 89TH AVE  
City-St-Zip: OCALA, FL 34481

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK SCHAD

PRES

01/19/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date