


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000115613**  
 1. Entity Name  
**KRISTINA RAIRIE'S SPEECH LANGUAGE THERAPY SERVICES, INC.**



Principal Place of Business      Mailing Address  
**1651 WEST GULF TO LAKE HIGHWAY**      **5 OKLAHOMA ST.**  
**LECANTO, FL 34461**      **BEVERLY HILLS, FL 34465**

**DO NOT WRITE IN THIS SPACE**



04252005      No Chg-P      CR2E034 (10/03)

4. FEI Number **82-0569913**      Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**RAIRIE, RODGER W**  
**5 OKLAHOMA ST.**  
**BEVERLY HILLS, FL 34465**

**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 title if applicable. (NOTE: Registered Agent signature required when re-registering)

**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 NAME STREET ADDRESS CITY-ST-ZIP	P RAIRIE, KRISTINA 5 OKLAHOMA ST. BEVERLY HILLS, FL 34465
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GUSTAFSON, KAREN PO BOX 600901 NORTH MIAMI BEACH, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RAIRIE, RODGER 5 OKLAHOMA ST BEVERLY HILLS, FL 34465
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 05/03/05-80124-022 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Kristina Rairie Kristina Rairie      4-25-05      (352)220-0845  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      DePhone Phone #