

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 14, 2008 8:00 am**  
**Secretary of State**

07-14-2008 90030 002 \*\*\*150.00

**DOCUMENT # P02000115613**

1. Entity Name  
**KRISTINA RAIKIE'S SPEECH LANGUAGE THERAPY  
SERVICES, INC.**



Principal Place of Business  
**1651 WEST GULF TO LAKE HIGHWAY  
LECANTO, FL 34461**

Mailing Address  
**5 OKLAHOMA ST.  
BEVERLY HILLS, FL 34465**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07082008

Chg-P

CR2E034 (12/06)

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

7. Name and Address of New Registered Agent

**RAIRIE, RODGER W  
5 OKLAHOMA ST.  
BEVERLY HILLS, FL 34465**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME **P** ☐ Delete  
RAIRIE, KRISTINA  
STREET ADDRESS **5 OKLAHOMA ST.**  
CITY-ST-ZIP **BEVERLY HILLS, FL 34465**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **V**  
GUSTAFSON, KAREN  
STREET ADDRESS **PO BOX 600901**  
CITY-ST-ZIP **NORTH MIAMI BEACH, FL 33160**

TITLE ☒ Change ☐ Addition  
NAME **Gustafson, Karen**  
STREET ADDRESS **PO Box 830131**  
CITY-ST-ZIP **Miami, FL 33283**

TITLE ☐ Delete  
NAME **T**  
RAIRIE, RODGER  
STREET ADDRESS **5 OKLAHOMA ST**  
CITY-ST-ZIP **BEVERLY HILLS, FL 34465**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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:** *Kristina Gustafson-Rairie*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/8/08 (352) 764-5525**  
Date Daytime Phone #