## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 17, 2005 08:00 AM **Secretary of State** DOCUMENT # P03000109184 1. Entity Name THE RAC GROUP, INC. Principal Place of Susiness Mailing Address 700 NE 32 STREET 700 NE 32 STREET BOCA RATON, FL 33431 BOCA RATON, FL 33431 CR2E034 (10/03) 02282005 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0584896 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE RACANELLO, PETER 700 NE 32 ST BOCA RATON, FL 33431 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 reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. DPST TITLE RACANELLO, PETER NAME U00000266528 STREET ADDRESS **700 NE 32 STREET** 03/17/05-80033-016 150.00 CITY-ST-ZIP BOCA RATON, FL 33431 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE របា គ NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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, Riorida 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 AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Daytime Phone #