2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000117388

FILED Apr 29, 2008 Secretary of State

Entity Name: RAULERSON KITCHEN & COUNTER REMODELING, INC. **Current Principal Place of Business: New Principal Place of Business:** 203 W MARION AVE #8 EDGEWATER, FL 32132 **Current Mailing Address: New Mailing Address:** 203 W MARION AVE #8 P.O. BOX 1015 EDGEWATER, FL 32132 NEW SMYRNA BEACH, FL 32170 FEI Number: 41-2113088 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RAULERSON, GLEN E RAULERSON, GLEN E 203 W MARION AVE #8 203 W. MARIÓN AVE. #8 EDGEWATER, FL 32132 US US EDGEWATER, FL 32132 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: 04/29/2008 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PSTD () Delete Title: () Change () Addition RAULERSON, GLEN E Name: Name: 203 W MARION AVE #8 Address: Address: City-St-Zip: EDGEWATER, FL 32132 City-St-Zip: Title: VΡ Title: () Delete (X) Change () Addition Name: BAKER, NANCY J Name: BAKER, NANCY J 3303 JUNIPER DRIVE 3303 JUNIPER DRIVE Address: Address: EDGEWATER, FL 32141 EDGEWATER, FL 32141 City-St-Zip: City-St-Zip: Title: Title: (X) Delete () Change () Addition CARROLL, VERA JANE Name: Name: 122 PINE STREET Address: Address: City-St-Zip: EDGEWATER, FL 32141 City-St-Zip:

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: GLEN E. RAULERSON PSTD 04/29/2008