

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000001867

Entity Name: RAK CORP.

FILED  
Mar 08, 2011  
Secretary of State

**Current Principal Place of Business:**

5339 NW MILNER DR  
PORT SAINT LUCIE, FL 34983 US

**New Principal Place of Business:**

**Current Mailing Address:**

5339 NW MILNER DR  
PORT SAINT LUCIE, FL 34983 US

**New Mailing Address:**

FEI Number: 75-3141869

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KENNAUGH, CARL A  
5339 N. W. MILNER DRIVE  
PORT SAINT LUCIE, FL 34983 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: KENNAUGH, CARL A  
Address: 5339 N.W. MILNER DRIVE  
City-St-Zip: PORT SAINT LUCIE, FL 34983 US

Title: VP  
Name: KENNAUGH, ROBERTA A  
Address: 5339 N.W. MILNER DRIVE  
City-St-Zip: PORT SAINT LUCIE, FL 34983 US

Title: S  
Name: KENNAUGH, ROBERTA A  
Address: 5339 N.W. MILNER DRIVE  
City-St-Zip: PORT SAINT LUCIE, FL 34983 US

Title: T  
Name: KENNAUGH, CARL A  
Address: 5339 N.W. MILNER DRIVE  
City-St-Zip: PORT SAINT LUCIE, FL 34983 US

I hereby 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 all other like empowered.

SIGNATURE: CARL A KENNAUGH

PRES

03/08/2011

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

\_\_\_\_\_  
Date