


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90134 022 \*\*\*150.00

<b>DOCUMENT # P04000008652</b>	
1. Entity Name <b>FLORIDA RAILS, INC.</b>	

Principal Place of Business <b>1501 WEST SR 20 INTERLACHEN FL 32148</b>	Mailing Address <b>1501 WEST SR 20 INTERLACHEN FL 32148</b>
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2. Principal Place of Business <b>457 Capital Lane</b>	3. Mailing Address <b>457 Capital Lane</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/04)

City & State <b>Sanford, FL</b>	City & State <b>Sanford, FL</b>	4. FEI Number <b>54-2142371</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32771</b>	Country <b>USA</b>	Zip <b>32771</b>	Country <b>USA</b>
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>MEADOWS, VIRGINIA S 1501 WEST SR 20 INTERLACHEN FL 32148</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 Virginia S. Meadows Virginia S. Meadows VSD 4-7-05  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MEADOWS, VIRGINIA S 1501 WEST SR 20 INTERLACHEN FL 32148 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MEADOWS, VIRGINIA S. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 457 Capital Lane Sanford, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MEADOWS, BOBBY E 1501 WEST SR 20 INTERLACHEN FL 32148 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MEADOWS, BOBBY E. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 457 Capital Lane Sanford, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MEADOWS, KELLY L 1501 WEST SR 20 INTERLACHEN FL 32148 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MEADOWS, KELLY L. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 457 Capital Lane Sanford, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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, 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: Virginia S. Meadows Virginia S. Meadows 4-7-05 407-303-1435  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #