

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P04000025430

1. Entity Name

THOMAS RAULERSON CONSTRUCTION, INC.



Principal Place of Business

4343 NE 167TH PLACE  
CITRA, FL 32113 US

Mailing Address

4343 NE 167TH PLACE  
CITRA, FL 32113 US



03142006

No Chg-P

CR2E034 (11/05)

4. FEI Number

20-0678883

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

THOMAS, RAULERSON S I  
4343 NE 167 PLACE  
CITRA, FL 32113

**DO NOT WRITE  
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 \_\_\_\_\_

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  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

|                |                      |
|----------------|----------------------|
| TITLE          | P                    |
| NAME           | RAULERON, THOMAS S I |
| STREET ADDRESS | 4343 NE 167 PLACE    |
| CITY-ST-ZIP    | CITRA, FL 32113      |
| TITLE          | V                    |
| NAME           | RAULERSON, THOMAS S  |
| STREET ADDRESS | 4343 NE 167 PLACE    |
| CITY-ST-ZIP    | CITRA, FL 32113      |
| TITLE          |                      |
| NAME           |                      |
| STREET ADDRESS |                      |
| CITY-ST-ZIP    |                      |
| TITLE          |                      |
| NAME           |                      |
| STREET ADDRESS |                      |
| CITY-ST-ZIP    |                      |
| TITLE          |                      |
| NAME           |                      |
| STREET ADDRESS |                      |
| CITY-ST-ZIP    |                      |

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05/11/06-80044-001 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

4-27-06 (352) 816-362