


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90247 006 \*\*\*155.00

**DOCUMENT # P04000068723**

1. Entity Name  
**RACKI'S LOCUMS, INC.**



Principal Place of Business 1458 OCEAN SHORE BLVD. PMB 155 ORMOND BEACH, FL 32176 US	Mailing Address 1458 OCEAN SHORE BLVD. PMB 155 ORMOND BEACH, FL 32176 US
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**DO NOT WRITE IN THIS SPACE**

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04012007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1048687	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

BAGGERSON, LAUREN K  
 1575 AVIATION CTR. PKWY.  
 SUITE #508  
 DAYTONA BEACH, FL 32114

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RACKI, PAUL A 1458 OCEAN SHORE BLVD., PMB 155 ORMOND BEACH, FL 32176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RACKI, KAY L 1458 OCEAN SHORE BLVD., PMB 155 ORMOND BEACH, FL 32176
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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: *Paul A. Racki* Date: 4/16/07 386-435-4965  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Kay L. Racki* 4/16/07 386-235-4965