

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000002187

1. Entity Name
RACKARD REPORTING SERVICES, INC.



FILED

2006 OCT 17 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
8 RACETRACK RD NW
FT WALTON BCH, FL 32547

Mailing Address
8 RACETRACK RD NW
FT WALTON BCH, FL 32547

2. Principal Place of Business

3. Mailing Address

10132006 REIN-P CR2E098 (11/05)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
20-2079389

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WHITNEY, BOBBY L JR.
150 EGLIN PKWY NE
FT WALTON BCH, FL 32548

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP
President
Suzan S Rackard
8 Racetrack Rd NW
Ft. Walton Bch, FL 32547 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP
Secretary
Suzan J. Rackard
8 Racetrack Road NW
Fort Walton Bch, FL 32547 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP
☐ Delete

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CITY-ST- ZIP
☐ Delete

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CITY-ST- ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP
☐ Change ☐ Addition
700080923417
10/17/06--01041--016 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP
☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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CITY-ST- ZIP
☐ Change ☐ Addition

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:

10/23 av