

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P05000009811

1. Entity Name  
RAYMOND W RAULERSON GENERAL CONTRACTING INC



**FILED  
Jul 12, 2006 8:00 am  
Secretary of State**

07-12-2006 90008 037 \*\*\*555.00

Principal Place of Business  
6830 N SOCRUM LOOP ROAD  
LAKELAND, FL 33809 US

Mailing Address  
6830 N SOCRUM LOOP ROAD  
LAKELAND, FL 33809 US

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip

City & State  
Country

4. FEI Number  
20-2195682

5. Certificate of Status Desired  
 \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent  
RAULERSON, RAYMOND W  
6830 N SOCRUM LOOP ROAD  
LAKELAND, FL 33809

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 \_\_\_\_\_

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

10. OFFICERS AND DIRECTORS  
TITLE: P  
NAME: RAULERSON, RAYMOND W  
STREET ADDRESS: 6830 N SOCRUM LOOP ROAD  
CITY-ST-ZIP: LAKELAND, FL 33809

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
TITLE:  Delete  
NAME:  Change  Addition  
STREET ADDRESS:  Change  Addition  
CITY-ST-ZIP:  Change  Addition

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TITLE:  Delete  
NAME:  Change  Addition  
STREET ADDRESS:  Change  Addition  
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STREET ADDRESS:  Change  Addition  
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: *Raymond W. Raulerson / Raymond W. RAULERSON* 7-10-06 912-383-2644  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #