

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 09, 2008 8:00 am**  
**Secretary of State**

05-09-2008 90013 017 \*\*\*150.00

**DOCUMENT # P06000074594**

1. Entity Name  
**RAILS & DETAILS, INC.**



Principal Place of Business  
**3140 NW 68 ST  
FT LAUDERDALE, FL 33309 US**

Mailing Address  
**3140 NW 68 ST  
FT LAUDERDALE, FL 33309 US**

401000000



04112008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-4967943**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

~~ADAMS, GERALD J~~  
~~113 NORTH FEDERAL HIGHWAY~~  
~~DANIA BEACH, FL 33004~~  
**EQUINTON WHITE**  
**ONE EAST BROWARD BLVD SUITE 102**  
**FT LAUDERDALE FL 33301**

**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 **E Quinton White** **4/22/08**  
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, 2008 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.V.P HAYS, GARY 3140 NW 68 ST FT LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T.D HAYS, GARY 3140 NW 68 ST FT LAUDERDALE, FL 33309
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**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: **Gary Hays**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

**4-16-08 954-8540373**