

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000020850

Entity Name: PATRICIA L. RAULERSON, INC.

FILED  
Aug 13, 2009  
Secretary of State

## Current Principal Place of Business:

5569 ARAPAHO STREET  
KEYSTONE HEIGHTS, FL 32656 US

## New Principal Place of Business:

6500 LAKE GRAY BLVD  
APT #1118  
JACKSONVILLE, FL 32244 US

## Current Mailing Address:

5569 ARAPAHO STREET  
KEYSTONE HEIGHTS, FL 32656 US

## New Mailing Address:

6500 LAKE GRAY BLVD  
APT #1118  
JACKSONVILLE, FL 32244 US

FEI Number: 26-2162568

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RAULERSON, PATRICIA L  
5569 ARAPAHO STREET  
KEYSTONE HEIGHTS, FL 32656 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P,D ( ) Delete  
Name: RAULERSON, PATRICIA L  
Address: 5569 ARAPAHO STREET  
City-St-Zip: KEYSTONE HEIGHTS, FL 32656 US

Title: S,D ( ) Delete  
Name: RAULERSON, JAMES R JR.  
Address: 5569 ARAPAHO STREET  
City-St-Zip: KEYSTONE HEIGHTS, FL 32656 US

Title: D (X) Delete  
Name: RAULERSON, JOSHUA  
Address: 5569 ARAPAHO STREET  
City-St-Zip: KEYSTONE HEIGHTS, FL 32656 US

Title: D (X) Delete  
Name: GRADY, BARBARA E  
Address: 5569 ARAPAHO STREET  
City-St-Zip: KEYSTONE HEIGHTS, FL 32656 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,D (X) Change ( ) Addition  
Name: GRADY, BARBARA  
Address: 6500 LAKE GRAY BLVD., #1118  
City-St-Zip: JACKSONVILLE, FL 32244 US

Title: S,D (X) Change ( ) Addition  
Name: RAULERSON, JOSHUA  
Address: 6500 LAKE GRAY BLVD., #1118  
City-St-Zip: JACKSONVILLE, FL 32244 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA GRADY

PRES

08/13/2009

Electronic Signature of Signing Officer or Director

Date