


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P35788 1. Entity Name RAIL MANAGEMENT CORPORATION	
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Principal Place of Business 2605 THOMAS DR. PANAMA CITY, FL 32408	Mailing Address 2605 THOMAS DR. PANAMA CITY, FL 32408 US
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04212004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 63-0820793	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DURDEN, K. EARL
2605 THOMAS DRIVE
PANAMA CITY BEACH, FL 32411**

**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 _____
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, 2004 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	COBD DURDEN, K. EARL 2605 THOMAS DRIVE PANAMA CITY BCH., FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCBD CONNOR, DONALD P. 2605 THOMAS DRIVE PANAMA CITY BCH., FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPT HELMS, D SCOTT 2605 THOMAS DRIVE PANAMA CITY BCH., FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCOD DURDEN, MICHAEL E 2605 THOMAS DR PANAMA CITY BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S PARKER, BARRY L 2605 THOMAS DR. PANAMA CITY, FL 32408
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HUSKEY, D 112 W ADAMS ST DOTHAN, AL

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04/29/04-80034-021 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **David Scott Helms** **4/22/04** **850-730-8331**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #