


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P35788</b> 1. Entity Name <b>RAIL MANAGEMENT CORPORATION</b>	
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Principal Place of Business <b>2605 THOMAS DR. PANAMA CITY, FL 32408</b>	Mailing Address <b>2605 THOMAS DR. PANAMA CITY, FL 32408 US</b>
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**DO NOT WRITE IN THIS SPACE**



04052007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>63-0820793</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>COBD DURDEN, K. EARL 2605 THOMAS DRIVE PANAMA CITY BCH., FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST ALLEN, LISA 2605 THOMAS DR PANAMA CITY BCH., FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCOD DURDEN, MICHAEL E 2605 THOMAS DR PANAMA CITY BEACH, FL</b>
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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:** Lisa L. Allen LISA L. ALLEN 4/12/07 (850)230-8331  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #