


2007 FOR PROFIT CORPORATION ANNUAL REPORT


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

DOCUMENT # P35788
 1. Entity Name
RAIL MANAGEMENT CORPORATION



Principal Place of Business Mailing Address
2605 THOMAS DR. **2605 THOMAS DR.**
PANAMA CITY, FL 32408 **PANAMA CITY, FL 32408 US**

DO NOT WRITE IN THIS SPACE



04052007 No Chg-P CR2E034 (11/05)

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	ST ALLEN, LISA 2605 THOMAS DR 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	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 #