2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 14, 2007 8:00 am
Secretary of State
09-14-2007 90001 044 ***150.00

DOCUMENT # P97000019642

1. Entity Name
R.A.C. ENTERPRISES OF NORTH FLORIDA, INC.

Principal Place of Business	Mailing Address
39W 438 HERRINGTON BLVD GENEVA, IL 60134	39W 438 HERRINGTON BLVD GENEVA, IL 60134

04182007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
0S170 WILLIS CIRCLE	0S170 WILLIS CIRCLE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: GENEVA IL	City & State: GENEVA IL
Zip: 60134 Country: USA	Zip: 60134 Country: USA

4. FEI Number 59-3446400 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
AHERN, FRED L JR. 2215 SOUTH THIRD STREET SUITE 101 JACKSONVILLE BEACH, FL 32250	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DPS	☐ Delete	TITLE	DPS	☒ Change ☐ Addition
NAME	BARNABA, RONALD J		NAME	Barnaba, Ronald J	
STREET ADDRESS	1730 WINDSOR COVE		STREET ADDRESS	0S170 Willis Circle	
CITY-ST-ZIP	ALPHARETTA, GA 30004		CITY-ST-ZIP	Geneva, IL 60134	
TITLE	DVT	☐ Delete	TITLE	DVT	☒ Change ☐ Addition
NAME	CONTE-BARNABA, CAROL		NAME	Conte-Barnaba, Carol	
STREET ADDRESS	1730 WINDSOR COVE		STREET ADDRESS	0S170 Willis Circle	
CITY-ST-ZIP	ALPHARETTA, GA 30004		CITY-ST-ZIP	Geneva, IL 60134	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: ______________________ 9/9/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #