

2005 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90247 049 ***150.00

20039952



04052005 Chg-P CR2E034 (10/03)

4. FEI Number	59-3602529	Applied For
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

DOCUMENT # P99000084928	
1. Entity Name ON THE RAIL CLOTHING COMPANY, INC.	

Principal Place of Business 10855 US HWY 19 B2 CLEARWATER, FL 33764	Mailing Address 10855 US HWY 19 B2 CLEARWATER, FL 33764
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2. Principal Place of Business 508 Jeffords Suite, Apt. #, etc. STE. A 4 B City & State CLEARWATER, FL Zip 33756 Country USA	3. Mailing Address 508 Jeffords Suite, Apt. #, etc. STE A 4 B City & State CLEARWATER, FL Zip 33756 Country USA
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6. Name and Address of Current Registered Agent TERRELL, JANE B 10855 US HWY 19 CLEARWATER, FL 33764	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TERRELL, JANE 10855 US HWY 19 UNIT B2 CLEARWATER, FL 33764 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	508 Jeffords, Suite A & B Clearwter, FL. 33756 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLOWERS, LAURA 10855 US HWY 19 UNIT B2 CLEARWATER, FL 33764 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	508 Jeffords, Suite A & B Clearwter, FL. 33756 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHALACHE, LYNN 10855 US HWY 19 UNIT B2 CLEARWATER, FL 33764 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	508 Jeffords, Suite A & B Clearwter, FL. 33756 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Jane B Terrell 4/19/05 727-443-6300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #