


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90244 014 \*\*\*150.00

<b>DOCUMENT # V70153</b>	
<b>1. Entity Name</b> RACKWARE, INC.	

<b>Principal Place of Business</b> 4210 METRO PARKWAY SUITE 118 FORT MYERS FL 33916	<b>Mailing Address</b> 4210 METRO PARKWAY SUITE 118 FORT MYERS FL 33916
--	--

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b> 21301 S. Tamiami Tr.
Suite, Apt. #, etc.	Suite, Apt. #, etc. 320-126
<b>City &amp; State</b>	<b>City &amp; State</b> Estero FL
<b>Zip</b> 33928	<b>Country</b> Lee



MOORE CR2E034 (11/03)

<b>4. FEI Number</b> 65-0389168	<input type="checkbox"/> <b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b> CONLEY, MICHAEL J 4210 METRO PKWY SUITE 118 FORT MYERS FL 33916
--

<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS	
<b>TITLE</b> P	<input type="checkbox"/> Delete
<b>NAME</b> CONLEY, MICHAEL J.	
<b>STREET ADDRESS</b> 22220 FAIRMONT COURT	
<b>CITY-ST-ZIP</b> ESTERO FL 33928	
<b>TITLE</b> VP	<input type="checkbox"/> Delete
<b>NAME</b> SADDLESON, SANDY	
<b>STREET ADDRESS</b> 4870 REGAL DRIVE	
<b>CITY-ST-ZIP</b> BONITA SPRINGS FL 34134	
<b>TITLE</b> T	<input type="checkbox"/> Delete
<b>NAME</b> CONLEY, LUANN	
<b>STREET ADDRESS</b> 22220 FAIRMONT COURT	
<b>CITY-ST-ZIP</b> ESTERO FL 33928	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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:**

*Luann Conley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/04  
Date

800-722-4045  
Daytime Phone #