


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90039 044 \*\*\*150.00


**DOCUMENT # K85905**

1. Entity Name  
**RAC ENGINEERING, INC.**



Principal Place of Business <b>C/O ROGER ALLEN CRAFT          129 HIGH POINT DRIVE          GULF BREEZE, FL 32561</b>	Mailing Address <b>C/O ROGER ALLEN CRAFT          129 HIGH POINT DRIVE          GULF BREEZE, FL 32561</b>
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**DO NOT WRITE IN THIS SPACE**



02122004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2956227</b>	Applied For 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

**CRAFT, ROGER ALLEN  
 129 HIGH POINT DRIVE  
 GULF BREEZE, FL 32561**

**DO NOT WRITE 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 \_\_\_\_\_ 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, 2004 Fee will be \$550.00**

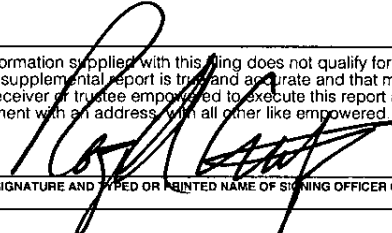
9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CRAFT, ROGER 129 HIGHPOINT GULF BREEZE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CRAFT, CLAIRE 129 HIGHPOINT GULF BREEZE, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:  PRESIDENT 2-18-04 850-932-5127

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #