

File Date

Check No.

FOR SECRETARY OF STATE USE ONLY

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

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DDARIT	CODDOD ATTONI ANNIHIAT	$_{\perp}$ REPORT FOR THE YEAR $_{\perp}^{20}$	115
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Filing Period: January 1	l - March 1 🏓 🛮 Fi	ling Fee: \$50.00			<u> </u>		
(FORM MUST BE TYPED IN		ū	•		an		
1. Corporate ID No.   2. Name of Corporation							
109259	The Rabco C	Corporation					
3. Street Address Principal Business Office			City	State	Zip		
2706 Rew Circle,	Suite 100		OcoeE	FL	34761		
4. Business Phone No. 5. State of Incorpora			atton		6. SIC Code		
(407) 654-6475	_	Florida					
7. Brief Description of the Cho Sale & Constructio			re steel self storage	buildings.			
8. NAMES AND ADDRE	SSES OF THE OFF	ICERS_("X" BOX FOR	(ATTACHMENT)   FILL IN ST	PACES BEFORE USING AT	ITACHMENTS		
President Name	•		Vice President Name				
Ronald J. Raboud	<u></u>		. Lawrence E. Co	X			
Street Address	_		Street Address				
1139 Oakpoint Ci	rcle		1099 Park Aven				
City	State	Zip	City	State	Zip		
Apopka	) FL	32712	Winter Park	FL	32789		
<i>Secretary Name</i> Lawrence E. Cox			Treasurer Name Ronald J. Rabou	ad	,		
		<del></del>	*Street Address		<del></del>		
Street Address 1099 Park Avenue	North		•	•			
·····				,1139 Oakpoint Circle			
City	State	Zip	City	State	Zip		
Winter Park	FL	32789	. Apopka	FL	32712		
9. NAMES AND ADDRE Director Name	SSES OF THE DIRI	ECTORS_("X" BOX F	ORATTACHMENT)   FILL IN	SPACES BEFORE USING	ATTACHMENTS		
Ronald J. Raboud			Lawrence E. Co.	x			
Street Address			Street Address		205 S		
1139 Oakpoint Cir	rcle		1099 Park Aven	1099 Park Avenue North			
City	State	Zip	•Ciry	State	28 22 2		
Apopka	FL	32712	.Winter Park	FL	32789 7		
Director Name		. , .' • • • • • • • • • • • • • • • • • •	Director Name				
Sircei Address			·Street Address	Street Address			
City	State	Zip	.City	State	756 Aid Sy 1918 3		
10. SHARES AUTHORIZ	ZED ("X" BOX FOR	ATTACHMENT)	11. SHARES ISSUED ("	X" BOX FOR ATTACHMEN			
AUTHORIZED SHARES			ISSUED SHARES				
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value		
7500	Common	\$ 0.01	5000	Common	\$0.01		
L							
This report must be sign	ned in ink by eithe	r the President, Vic	e President, Secretary, Assi	istant Secretary, Treas	urer, Receiver or Truste		
- 1 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1							

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

> Signature of Officer Ronald J. Raboud
> Print or Type Name of Officer

President Title of Officer

Form 630 12/01



Matthew A. Brown, Secretory of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED						
1. Corporate ID No.	2. Name of Corpor					
109259	The Rabco C	orporation				
3. Street Address Principal Business Office			City	State	Zip	
2706 Rew Circl	e, Suite 100		Ocoe£	FL	34761	
4. Business Phone No.		5. State of Incorpor	ation		6. SIC Code	
(407) 654-6475 Florida						
7. Brief Description of the	Character of Business Cond	lucted in Rhode Island	· · · · · · · · · · · · · · · · · · ·	······································		
Sale & Construct	ion of pre-engine	ered light gaug	ge steel self storage			
	RESSES OF THE OFF	ICERS ("X" BOX FOR	RATTACHMENT)   FILL IN S	PACES BEFORE USING A	TTACHMENTS	
Presideni Name	•		Vice President Name			
Ronald J. Rabou	1q		.Lawrence E. Co	X		
Street Address			Street Address			
1139 Oakpoint O	Circle		.1099 Park Aven	ue North		
City	State	Zip	City	State	Zip	
Apopka	FL	32712	. Winter Park	FL	32789	
Secretary Name			Treasurer Name	,		
Lawrence E. Cox	(		Ronald J. Rabo	ud		
Street Address			* Street Address	* Street Address		
1099 Park Avenu	ie North		.1139 Oakpoint Circle			
City	State	Zıp	*City	State	Zip	
Winter Park	FL	32789	. Apopka	FL	32712	
9. NAMES AND ADD	RESSES OF THE DIRI	CTORS ("X" BOX F	OR ATTACHMENT)   FILL IN	SPACES BEFORE USING	ATTACHMENTS	
Director Name		· · · · · ·	Director Name			
Ronald J. Rabou	ıd		Lawrence E. Co	×	_	
Street Address	<del></del>	<del> </del>	-Street Address			
1139 Oakpoint O	Circle		1099 Park Avenue North			
City	State	Zip	•City	State	- 19 P. 19 P	
Apopka	FL	32712	Winter Park	FL ·	12789	
Director Name			Director Name	!		
Character de de de la constantina del constantina de la constantin			• • • • • • • • • • • • • • • • • • •	<del></del>	<del>_</del>	
Street Address			·Street Address		9 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
C:5.	State	12:0		Siate		
City	Siare	Zip	·	Skate	<u></u>	
10. SHARES AUTHO	RIZED ("X" BOX FOR A	TTACHMENT []	11. SHARES ISSUED (**	X" BOX FOR ATTACHME!	<u> </u>	
AUTHORIZED SHARES			ISSUED SHARES		<u></u>	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
7500	Common	\$ 0.01	5000	Common	\$0.01	
<del></del>		<del></del>		· · · · · · · · · · · · · · · · · · ·		
This report must he s	igned in ink hy eithe	r the President Vic	e President, Secretary, Ass	istant Secretary Treas	urer. Receiver or Trust	
inis report musi de s	igned in the by ellne	i ine i restuent, FIC	e i residem, Decreidiy, Ass	isium beereidry, 1760s	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
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Check No.	APR 1 1 2005
	By Musegg

President Title of Officer

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained bount are true and correct.

Ronald J. Raboud Print or Type Name of Officer

Form 630 12/01



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

Form 630 12/01

#### FIT COPPORATION ANNUAL DEPORT FOR THE VEAR 2003

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Filing Period: Innuary 1 - March 1 .	Filing Fee: \$50 AA	· · · · · · · · · · · · · · · · · · ·

(FORM MUST BE TYPED IN BI	LACK)					
1. Corporate ID No. 2. Name of Corporation						
109259	The Rabco Cor	poration				
3. Street Address Principal Business Office			City	State	Zip	
2706 Rew Circle, Suite 100			OcoeE	FL	34761	
4. Business Phone No.		5. State of Incorporation			6. SIC Code	
(407) 654-6475		Florida				
7. Brief Description of the Charac						
Sale & Construction	of pre-enginee	red light gauge s	teel self storage bui	.ldings.		
8. NAMES AND ADDRESS	ES OF THE OFFIC	ERS ("X" BOX FOR ATT	ACHMENT)   FILL IN SPACE	ES BEFORE USING AT	TACHMENTS	
President Name	•	• • • • • • • • • • • • • • • • • • • •	Vice President Name			
Ronald J. Raboud			· Lawrence E. Cox			
Street Address			Street Address			
1139 Oakpoint Circ	le		. 1099 Park Avenue	North		
City	State	Zip	City	State	Zip	
Apopka	FL	32712	. Winter Park	FL	32789	
Secretary Name	· · · · · · · · · · · ·		Treasurer Name	· • ·• • · · • • · · · •	• • • • • • • • • • • • •	
Lawrence E. Cox			Ronald J. Raboud			
Street Address	·	······································	* Street Address			
1099 Park Avenue N	orth		.1139 Oakpoint Circle			
City	State	Zip	*City	State	Zip	
Winter Park	FL	32789	. Apopka	FL	32712	
9. NAMES AND ADDRESS	ES OF THE DIREC	TORS ("X" BOX FOR A	TTACHMENT) 🗌 FILL IN SPA	CES BEFORE USING	ATTACHMIENTS (7)	
Director Name		· · · · · · · · · · · · · · · · · · ·	Director Name			
Ronald J. Raboud			· Lawrence E. Cox		APR CREATE	
Street Address	· · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	-Street Address	<del></del>	- ib > ( )	
1139 Oakpoint Circ	le		1099 Park Avenue North — 320			
City	State	Zip	•City	State	20 00 S	
Apopka	FL	32712	`Winter Park	FL	789 111	
Director Name	4		Director Name		٠٠٠ <b>نې پې</b> کې کې کې د د د د د د د د د د د د د د د	
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Street Address	<del></del>		·Sireel Address			
			•			
City	State	Zip	City	State	Zip	
			•	1		
10. SHARES AUTHORIZE	D ("X" BOX FOR AT	TACHMENT) [	11. SHARES ISSUED ("X" B	OX FOR ATTACHMEN	nΩ	
AUTHORIZED SHARES	<del></del> -	·	ISSUED SHARES		·	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
7500	Common	\$ 0.01	5000	Common	\$0.01	
			<del></del>			
This report must be signed	A to to to to the state of	L. D	1 C 4!		Design on Tourses	
inis report must be signed	i in ink by either l	ne rresiaeni, vice Pr	esiaeni, secretary, Assistat	ni secretary, treasu	rer, Keceiver or Irusiee	
A) 11411 BAILE 1211A	HEEL CHIE IEL					

	Under penalty of perjury, I declare and affirm that I have examined
FILED	this report, including any accompanying schedules and statements, and that all statements contained heroic are that and correct.
File Date APR 1 1 2005	and that all statements combined network and correct.
Check No. By Mb 389 9	Signature of Officer  Ronald J. Raboud
By: 63°0	Print or Type Name of Officer  President
FOR SECRETARY OF STATE USE ONLY	Title of Officer Form 6



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002 Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BL	ACK)					
1. Corporate ID No.	2. Name of Corpora		•			
109259	The Rabco Co	orporation		<u> </u>		
3. Street Address Principal Business Office			City	State	Zip	
2706 Rew Circle, Suite 100			OcoeE	FL	34761	
4 Business Phone No. 5. State of Incorporation				6. SIC Code		
(407) 654-6475 Florida						
7. Brief Description of the Charac						
Sale & Construction	of pre-engine	ered light gauge a	teel self storage bu	ildings.		
8. NAMES AND ADDRESS	ES OF THE OFFI	CERS ("X" BOX FOR ATT	ACHMENT)   FILL IN SPA	CES BEFORE USING AT	TACHMENTS	
President Name		Contract to the same and the	Vice President Name	+ <del></del>		
Ronald J. Raboud			· Lawrence E. Cox			
Street Address	· · · · · · · · · · · · · · · · · · ·		Street Address			
1139 Oakpoint Circ	le		.1099 Park Avenue	North		
City	State	Zip	City	State	Zip	
Apopka	FL	32712	Winter Park	FL	32789	
Secretary Name			Treasurer Name			
Lawrence E. Cox			Ronald J. Raboud			
Street Address		·	'Street Address			
1099 Park Avenue N	orth		.1139 Oakpoint Ci	rcle		
City	State	Zip	City	State	Zip	
Winter Park	FL	32789	. Apopka	FL	G 32713	
9. NAMES AND ADDRESS	ES OF THE DIRE	CTORS ("X" BOX FOR AT		PACES BEFORE USING	м YX CHAPLETS	
Director Name			Director Name		PR SPECIAL	
Ronald J. Raboud			Director Name  Lawrence E. Cox			
Street Address	·		· Street Address		— <u>多</u> 約m	
1139 Oakpoint Circ	le		1099 Park Avenue	North		
City	State	Zip	•City	State	- 24 29 m	
Apopka	FL	32712	`Winter Park	FL	329887	
Director Name	• • • • • • • • •		· Director Name			
			•		<b>5</b> <≅	
Street Address	<del></del>		*Street Address			
			•			
City	State	Zip	City	State	Zip	
			•			
10. SHARES AUTHORIZE	D ("X" BOX FOR A	TTACHMENT)	II. SHARES ISSUED ("X"	BOX FOR ATTACIMEN	$\mathcal{D}$ $\square$	
AUTHORIZED SHARES			ISSUED SHARES			
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
7500	0	<b>#</b> 0.04	5000	Common	\$0.01	
7500	Common	\$ 0.01	5000	Common	\$0.01	
	<del></del>					
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This report must be signed	in ink hv either	the President Vice Pri	sident Secretary Assist	ant Secretary Treas	irer. Receiver or Truste	
	37		,		,	

	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements,
File Date APR 1 1 2005	and that all statements contained herein and true and correct.  Signature of Officer  Date
Check No. By W SAGU	Ronald J. Raboud  Print or Type Name of Officer  President
FOR SECRETARY OF STATE USE ONLY	Title of Officer Form 630 12/01



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BL.	ACK)					
1. Corporate ID No.	2. Name of Corporation					
109259	The Rabco Corp	oration				
3. Street Address Principal Business Office			City	State	Zip	
2706 Rew Circle, Suite 100			OcoeE	FL	34761	
4. Business Phone No. 3. State of Incorpora		5. State of Incorporation			6. SIC Code	
(407) 654-6475	·	Florida				
7. Brief Description of the Charact						
Sale & Construction of	of pre-engineer	ed light gauge sto	eel self storage build	ings.		
8. NAMES AND ADDRESSE	S OF THE OFFICE	RS ("X" BOX FOR ATTA	CHMENT)   FILL IN SPACES I	BEFORE USING ATTACI	IMENTS	
President Name	to him the manager of the manager of	و ما در هو چون هو را در این هو هو هو در اور در اور در اور در در اور در	Vice President Name	: 4 4		
Ronald J. Raboud			Lawrence E. Cox			
Street Address			Street Address			
1139 Oakpoint Circl	le		.1099 Park Avenue No	orth		
City	State	Zip	City	State	Zip	
Apopka	FL		.Winter Park	FL	32789	
Secretary Name	· · · · · · · · · · · · · · · · · · ·		Treasurer Name		. <b></b> . <b></b>	
Lawrence E. Cox			Ronald J. Raboud			
Street Address	·		* Street Address			
1099 Park Avenue No	orth		.1139 Oakpoint Circle			
City	State	) '	City	State	Zip	
Winter Park	FL	32789	. Apopka	FL	32712	
	S OF THE DIRECT		ACHMENT)   FILL IN SPACE	S BEFORE USING ATTA	CHMENTS	
Director Name		•	Director Name			
Ronald J. Raboud		•	Lawrence E. Cox		O S	
Street Address	<u> </u>		Street Address		A 00	
1139 Oakpoint Circl	e	•	1099 Park Avenue North			
City	State	Zip	·City	State		
Apopka	FL	32712	Winter Park	FL	32789	
Director Name		· · · · · · · · · · · · · · · · · · ·	Director Name	'· · · · · · · · · · · · · · · · · · ·	、	
			•		<b>3</b> 29 6	
Street Address	· · · · · · · · · · · · · · · · · · ·		Street Address		· O O C	
			•		· = -	
City	State	Zip	City	State	坐 < 一	
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10. SHARES AUTHORIZED	("X" BOX FOR ATTA	CHMENT) 🔲	11. SHARES ISSUED ("X" BOX	FOR ATTACHMENT)		
AUTHORIZED SHARES			ISSUED SHARES			
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
7500	Common	\$ 0.01	5000	Common	\$0.01	
	<del></del>					
			<u> </u>	<u> </u>	<u> </u>	
This report must be signed	in ink by either the	e President, Vice Pres	ident, Secretary, Assistant S	Secretary, Treasurer, 1	Receiver or Trustee	
	1881 81118 181					

	FILED
File Date	
	APR 1 1 2005
Check No.	
Bv:	By M 62899
	7.~
FOR SECRETA	RY OF STATE USE ONLY (S)

Under penalty of perjury, I declare and affirm that I	have examined
this report, including any accompanying schedules.	and statements,
and that all statements contained herein are pure and	i co <del>r) e</del> ct.
	/ . / /-
( )	3/3/65
Signature of Officer Date	
Ronald J. Raboud	
Print or Type Name of Officer	
President	
Tule of Officer	Form 630 12/01

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

#### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

401-222-3040 STOP

Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation . The RabCo Corporation 3. Street Address Principal Business Office REW GIRCLE, JUITE 100 402) 877-0220 FLORIDA 7. Brief Description of the Character of Business Conducted in Rhode Island SUPPLY & INSTALL LIGHT GAUGE PRE-ENGINEERS OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS OWRENCE E. COX FILL IN SPACES BEFORE USING ATTACHMEN Street Address City State Zip Director Name Street Address State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZZD SHARES ESSUEED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 7-500 CONN S-01 PAR VALUE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

	* 1 0 9 2 5 9 *	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained basely are true and correct.  Signature of Officer  Date  Date
File Date:	3/20/00	
Check No.:	22473	
By:	STATE USE ONLY	President
FOR SECRETARY OF STATE USE ONLY		Title of Officer