2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F04000007272

1. Entity Name
JOE RALEY BUILDERS, INC.

Principal Place of Business	Mailing Address
22645 CANAL ROAD, UNIT D ORANGE BEACH, AL 36561	P.O. BOX 2077 GULF SHORES, AL 36547

DO NOT WRITE IN THIS SPACE

04212005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
63-0800899	Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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_____

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

FILE NOW!!! FEE IS $150.00 **After May 1, 2005 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	CPST
NAME	SCOTT RALEY, JOSEPH
STREET ADDRESS	P.O. BOX 2077
CITY-ST-ZIP	GULF SHORES, AL 36547

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

05/05/05--80106-005   158.75

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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: _____   4.29.05   251.981.4174

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