2007 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # F0400007272

JOE RALEY BUILDERS, INC.



FILED Jan 24, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

1240 COMMERCE DR GULF SHORES, AL 36542 P.O. BOX 2077 GULF SHORES, AL 36547



01152007

No Chg-P

CR2E034 (11/05)

4. FEI Number 63-0800899

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

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

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	named entity submits this statement for the pitions of registered agent.	urpose of changing its registere	ed office or r	egistered agent, or bo	th, in the State of Florida. I am familia	r with, and accept
StGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered in				ent signature required when reinstating) DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	000000600739 01/26/07-80023-005	150.00
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPST SCOTT RALEY, JOSEPH P.O. BOX 2077 GULF SHORES, AL 36547					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
NITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	•
TITLE NAME STREET ADDRESS CITY-SI-ZIP			*2	. IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental eport 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 distee 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 withen address, with all other incomments.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF STONING OFFICER OR DIRECTOR

1.22.0"

251.981.4174

Daytime Phone