

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 199921

**Entity Name:** THELMA C. RALEY INC.

**Current Principal Place of Business:**

505 AVENUE A, NW  
SUITE 209  
WINTER HAVEN, FL 33881

**Current Mailing Address:**

P.O. BOX 1112  
WINTER HAVEN, FL 33882 US

**FEI Number: 59-0846757**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RALEY, JR., WILLIAM L  
505 AVENUE A, NW  
SUITE 209  
WINTER HAVEN, FL 33881 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            ST  
Name            TAYLOR, ALISON  
Address        505 AVE A, NW STE 209  
City-State-Zip: WINTER HAVEN FL

Title            D  
Name            CLASS, DONNA K  
Address        505 AVENUE A, NW  
                  SUITE 209  
City-State-Zip: WINTER HAVEN FL 33881

Title            VD  
Name            KIRTLEY, GEORGE  
Address        505 AVE A, NW STE. 209  
City-State-Zip: WINTER HAVEN FL

Title            PD  
Name            RALEY, WILLIAM L. JR.  
Address        505 AVE A, NW STE 209  
City-State-Zip: WINTER HAVEN FL

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: ALISON A TAYLOR**

**SEC/TREAS**

**04/16/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date