

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 199921

FILED
Apr 13, 2005
Secretary of State

Entity Name: THELMA C. RALEY INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-0846757

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: RALEY, THELMA C.,
Address: 505 AVE A, NW STE 209
City-St-Zip: WINTER HAVEN, FL

Title: STD () Delete
Name: TAYLOR, ALISON
Address: 505 AVE A, NW STE 209
City-St-Zip: WINTER HAVEN, FL

Title: D () Delete
Name: CLASS, DONNA K.,
Address: 505 AVE A, NW STE 209
City-St-Zip: WINTER HAVEN, FL

Title: D () Delete
Name: KIRTLEY, GEORGE,
Address: 505 AVE A, NW STE. 209
City-St-Zip: WINTER HAVEN, FL

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change () Addition
Name: TAYLOR, ALISON
Address: 505 AVE A, NW STE 209
City-St-Zip: WINTER HAVEN, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ALISON A. TAYLOR

ST

04/13/2005

Electronic Signature of Signing Officer or Director

Date