

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # 240458

1. Entity Name
RAKER CORPORATION



Principal Place of Business
**1123 SHIPWATCH CIR.
TAMPA, FL 33602-5785**

Mailing Address
**1123 SHIPWATCH CIR.
TAMPA, FL 33602-5785**



01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0908912

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MCNEILL, HAROLD L
1123 SHIPWATCH CIRCLE
TAMPA, FL 33602**

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
D
NAME
MORRIS, RUTH
STREET ADDRESS
2801 ROSSER ROAD
CITY-ST-ZIP
SANFORD, NC 27330

TITLE
PTD
NAME
MCNEILL, HAROLD L
STREET ADDRESS
1123 SHIPWATCH CIRCLE
CITY-ST-ZIP
TAMPA, FL 33602

TITLE
SD
NAME
MCNEILL, PRENTISS
STREET ADDRESS
52 LONDONDERRY ROAD
CITY-ST-ZIP
WINDHAM, NH 03087

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

**\$5.00 May Be
Added to Fees**

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Harold L. McNeill
Harold L. McNeill

Pres.

1-23-08 (813) 524-9782