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Secretary of State
05-23-2008 90019 025 ***158.75

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 607040

1. Entity Name
MCRAE FLA. ENTERPRISES, INC.

40104576

Principal Place of Business	Mailing Address
RR 5030 - CR 214 KEYSTONE HEIGHTS, FL 32656	PO Box 661 KEYSTONE HEIGHTS, FL 32656

04282008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1905217
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KIRKLAND, NANCY
PO BOX 661
KEYSTONE HEIGHTS, FL 32656

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

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

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	KIRKLAND, NANCY
STREET ADDRESS	P O BOX 661
CITY-ST-ZIP	KEYSTONE HGHTS, FL 32656
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Nancy Kirkland April 29, 2008 352-955-6860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

EX 275

ATTACHMENT 40104576
607048

Please make a note of the P.O. Box 661 as I've not been receiving my card for renewal. Thank you for your help with this concern.

Nancy Hilliard
P.O. Box 661
Keystone Hgts, FL 32656