


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 659684</b> 1. Entity Name <b>RALEIGH - PARKER ENTERPRISES, INC.</b>		
Principal Place of Business <b>623 NORTH FEDERAL HIGHWAY C/O CHARLES S. DALE, JR. FT. LAUDERDALE, FL 33304</b>	Mailing Address <b>623 NORTH FEDERAL HIGHWAY C/O CHARLES S. DALE, JR. FT. LAUDERDALE, FL 33304</b>	



04222008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1997910</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>DALE, CHARLES S., JR. 623 NORTH FEDERAL HIGHWAY FT. LAUDERDALE, FL 33301</b>
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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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U00000940334 05/28/08-80062-016 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS RALEIGH, JOAN S. 623 N FEDERAL HWY FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RELEIGH, JACK 623 N FEDERAL HWY FT LAUDERDALE, FL
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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:** *Joan Raleigh - Joan Raleigh*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ **4-28-08**  
Date

Daytime Phone #