

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 684917

FILED  
Apr 16, 2012  
Secretary of State

**Entity Name:** RAFFIELDS OF PANAMA CITY, INC.

**Current Principal Place of Business:**

701 EAST PINE FOREST DRIVE  
C/O MICHAEL T. RAFFIELD  
LYNN HAVEN, FL 32444

**New Principal Place of Business:**

**Current Mailing Address:**

701 EAST PINE FOREST DRIVE  
C/O MICHAEL T. RAFFIELD  
LYNN HAVEN, FL 32444

**New Mailing Address:**

**FEI Number:** 59-2039765

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RAFFIELD, MICHAEL T.  
701 E. PINE FOREST DRIVE  
LYNN HAVEN, FL 32444 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: RAFFIELD, MICHAEL T  
Address: 701 E. PINE FOREST DR  
City-St-Zip: LYNN HAVEN, FL

Title: ST  
Name: RAFFIELD, TERRI L  
Address: 701 E PINE FOREST DRIVE  
City-St-Zip: LYNN HAVEN, FL 32444

Title: MGR  
Name: RAFFIELD, MICHAEL E  
Address: 608 SPARROW STREET  
City-St-Zip: LYNN HAVEN, FL 32444

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: MICHAEL T RAFFIELD

PD

04/16/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date