

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H38692

Entity Name: RAIKEYE, INC.

**FILED**  
**Jan 12, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

8616 BAYMEADOWS ROAD  
JACKSONVILLE, FL 32256 US

**New Principal Place of Business:**

**Current Mailing Address:**

4479 DEERWOOD LAKE PARKWAY  
SUITE 1  
JACKSONVILLE, FL 32216 US

**New Mailing Address:**

FEI Number: 59-2672340

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RAIKES, LARRY  
4479 DEERWOOD LAKE PARKWAY  
SUITE 1  
JACKSONVILLE, FL 32216 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: PRES  
Name: RAIKES, LARRY  
Address: 4479 DEERWOOD LAKE PARKWAY SUITE 1  
City-St-Zip: JACKSONVILLE, FL 32216

Title: VP  
Name: RAIKES, MITCHELL  
Address: 4479 DEERWOOD LAKE PARKWAY SUITE 1  
City-St-Zip: JACKSONVILLE, FL 32216

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: LARRY RAIKES

PRES

01/12/2012

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

\_\_\_\_\_  
Date