

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000029280

Entity Name: MCRAE, INC.

FILED
Apr 14, 2009
Secretary of State

Current Principal Place of Business:

5180 SLASH PINE TRAIL
FORT PIERCE, FL 34951

New Principal Place of Business:

Current Mailing Address:
PO BOX 644347
VERO BEACH, FL 32964

New Mailing Address:

FEI Number: 65-1095641 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCRAE, SEAN
5180 SLASH PINE TRAIL
FORT PIERCE, FL 34951 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MCRAE, SEAN
Address: P.O. BOX 644347
City-St-Zip: VERO BEACH, FL 32964

Title: D () Delete
Name: MCRAE, DAWN
Address: P.O. BOX 644347
City-St-Zip: VERO BEACH, FL 32964

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MCRAE, DAWN MARIE
Address: P.O. BOX 644347
City-St-Zip: VERO BEACH, FL 32964

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DAWN MARIE MCRAE

D

04/14/2009

Electronic Signature of Signing Officer or Director

Date