2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P03000011077

1. Entity Name

RALEY MANAGEMENT SERVICES, INC.



FILED Feb 08, 2008 08:00 AN Secretary of State

Principal Place of Business		Mailing Address	Mailing Address						
1914 ART MUSEUM DR JACKSONVILLE FL 32207			1914 ART MUSEUM DR JACKSONVILLE FL 32207				II 88111 14811	1001001411004	
JACKSONVILLE PL 32207		JACKSONVILLE FE 32	JACKSONVILLE PL 32207						
2 Principal P	lace of Business - No P.O. Box #	3. Mailing Address							
z. Fisicipai r	lace of business + No P.O. Box #	a. Mailing Adoress							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		15	1st MOORE CR2E034 (10/07)				
City & State		City & State		4. FEI Numb	4. FEt Number 54-2096423 Applied For Not Applicable				
Zip	Country	Zip	Country	5. Certificate	of Status Desired			dditional	
	6. Name and Address of Curren		7. Name and	d Address of New Regis					
191	EY, CHARLES D 4 ART MUSEUM DR KSONVILLE FL 32207		Street Ad	dress (P.O. Box Numb	per is Not Acceptable)				
JAC	NSOINVILLE FL 32207								
			City			FL	2ір Са	ode	
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 Superior, typical or princed learning of requirement and of the strength of the stre									
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					Election Campaign Trust Fund Centribu			5.00 May Be ided to Fees	
10.	OFFICERS AND	ODIRECTORS	11.	ADDITIONS	L /CHANGES TO OFFICE	RS AND D	IRECTO	RS IN 11	
TITLE	PD	☐ Derete	TITLE	***************************************		[Change	e 🔲 Addition	
NAME ATOMET ARROSTA	RALEY, CHARLES D		NAME						
STREET ADDRESS CITY-ST-ZIP	1914 ART MUSEUM DR JACKSONVILLE FL 32207		STREET ADDRESS CITY-ST-ZIP						
TITLE	VPST	☐ Delete	TITLE		<u> </u>	242	Chance	e Addition	
NAME	RALEY, GAIL E	□ De-cie	NAME		U00000820242 02/18/03-80020-02구약명. 0년 ^{Addition}			1.00	
	1914 ART MUSEUM DR		STREFT ADDRESS						
CITY-ST-ZIP	JACKSONVILLE FL 32207		CITY-ST-ZIP						
TITLE Name		☐ Derete	TITLE			[Change	e 🔲 Addition	
STREET ADDRESS			NAME Streët Address						
CITY-ST-ZIP			CITY-ST-ZIP						
ULF		☐ Delete	TITLE			[Change	e 🔲 Addition	
MAME			NAME						
STREET ADDRESS CITY-ST-ZIP			SIRLET ADDRESS City-S1-Zip						
TITLE		☐ Delate	-				Chana		
NAME		L.i Delete	TITLE NAME			Ĺ	Change	e ∏ Addıtion	
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-S1-ZIP						
TITLE		☐ Delete	TITLE			[Change	E 🔲 Addition	
NAME STOCKT ADDRESS			NAME CLOSET ADDOLOG						
STREET ADDRESS CITY - ST-ZIP			STREET ADDRESS CITY+ST-ZIP						
	l certify that the information supplied w	ith this filing does not qualify fi		ontained in Section 11	9. Florida Statutes I fort	ther certifi	v that the	e information	
indicated	on this cannot as a walk month in the	in the many about not qualify it	or any environment of		and the second ordered to a little and the second	ال الماليات الماليات	, 11.20.010	a in non-interest	

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 call; 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 attacomient with an address, with pill other like empowered.

SIGNATURE: Mul

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

46/08 904-399-01