

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90058 002 ***158.75

DOCUMENT # P03000150071					
1. Entity Name RAFFEY DEVELOPMENT & REMODELING, INC.					
Principal Place of Business 5020 206TH TERRACE N LOXAHATCHEE, FL 33470			Mailing Address 5020 206TH TERRACE N LOXAHATCHEE, FL 33470		
2. Principal Place of Business - No P.O. Box # 18024 Murcott Blvd.		3. Mailing Address 18024 Murcott Blvd.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Loxahatchee, FL		City & State Loxahatchee, FL		4. FEI Number 20-0618123	
Zip 33470		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAFFEY, ROBERT D 5020 206TH TERRACE N LOXAHATCHEE, FL 33470			7. Name and Address of New Registered Agent Name: (Same) Raffey, Robert D. Street Address (P.O. Box Number is Not Acceptable): 18024 Murcott Blvd. City: Loxahatchee FL Zip Code: 33470		
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		Robert D. Raffey, Pres.		3/1/07	
(Signature, typed or printed name of registered agent and title if applicable)		(NOTE: Registered Agent signature required when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PSD NAME RAFFEY, SUSANNA L STREET ADDRESS 5020 206TH TERRACE N CITY-ST-ZIP LOXAHATCHEE, FL 33470	<input type="checkbox"/> Delete		TITLE VTD NAME Raffey, Susanna L. STREET ADDRESS 18024 Murcott Blvd. CITY-ST-ZIP Loxahatchee, FL 33470	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VTD NAME RAFFEY, ROBERT D STREET ADDRESS 5020 206TH TERRACE N CITY-ST-ZIP LOXAHATCHEE, FL 33470	<input type="checkbox"/> Delete		TITLE PSD NAME Raffey, Robert D. STREET ADDRESS 18024 Murcott Blvd. CITY-ST-ZIP Loxahatchee, FL 33470	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME ARNOLD, WENDELL R STREET ADDRESS 151 CRANDON BLVD. #328 CITY-ST-ZIP KEY BISCAVNE, FL 33149	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME ARNOLD, CAROLYN R STREET ADDRESS 151 CRANDON BLVD. #328 CITY-ST-ZIP KEY BISCAVNE, FL 33149	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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			Susanna Raffey, Vice Pres.		3/1/07 561-6662-66263
(Signature and typed or printed name of signing officer or director)			Date		Daytime Phone #