

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000150071

FILED  
Apr 14, 2010  
Secretary of State

**Entity Name:** RAFFEY DEVELOPMENT & REMODELING, INC.

**Current Principal Place of Business:**

18024 MURCOTT BLVD  
LOXAHATCHEE, FL 33470

**New Principal Place of Business:**

1396 N. KILLIAN DRIVE  
SUITE 4  
LAKE PARK, FL 33403

**Current Mailing Address:**

18024 MURCOTT BLVD  
LOXAHATCHEE, FL 33470

**New Mailing Address:**

1396 N. KILLIAN DRIVE  
SUITE 4  
LAKE PARK, FL 33403

**FEI Number:** 20-0618123

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

RAFFEY, ROBERT D  
18024 MURCOTT BLVD  
LOXAHATCHEE, FL 33470 US

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

RAFFEY, ROBERT D  
5020 206TH TERRACE N.  
LOXAHATCHEE, FL 33470 US

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:**

04/14/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** VTD  
**Name:** RAFFEY, SUSANNA L  
**Address:** 5020 206TH TERRACE N.  
**City-St-Zip:** LOXAHATCHEE, FL 33470

**Title:** PSD  
**Name:** RAFFEY, ROBERT D  
**Address:** 5020 206TH TERRACE N.  
**City-St-Zip:** LOXAHATCHEE, FL 33470

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:** SUSANNA L. RAFFEY

VTD

04/14/2010

Electronic Signature of Signing Officer or Director

Date