

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000032473

FILED  
May 12, 2009  
Secretary of State

Entity Name: RA-KHOR ENTERPRISES, INC

## Current Principal Place of Business:

32 BANYAN PASS LOOP  
OCALA, FL 34472

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 832083  
OCALA, FL 34483

## New Mailing Address:

FEI Number: 26-1969455

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BOYNTON, ANGIE  
32 BANYAN PASS LOOP  
OCALA, FL 34472 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete  
Name: BOYNTON, TAMARA N.  
Address: 32 BANYAN PASS LOOP  
City-St-Zip: OCALA, FL 34472

Title: C ( ) Delete  
Name: BOYNTON, ANGIE  
Address: 32 BANYAN PASS LOOP  
City-St-Zip: OCALA, FL 34472

Title: ST ( ) Delete  
Name: WALKER, JERRAT  
Address: 34 NW 17 AVE.  
City-St-Zip: OCALA, FL 34475

Title: D ( ) Delete  
Name: BOYNTON, DOUGLAS JR.  
Address: 1906 SW 7TH PL  
City-St-Zip: OCALA, FL 34474

Title: D ( ) Delete  
Name: BOYNTON, NICHOLAS  
Address: 6012 NW 112 RD AVE ST.  
City-St-Zip: OCALA, FL 34479

Title: D ( ) Delete  
Name: MOORE, DANIELLE  
Address: 34 NW 17 AVE.  
City-St-Zip: OCALA, FL 34475

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: TAMARA BOYNTON

CEO

05/12/2009

Electronic Signature of Signing Officer or Director

Date