

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000031342

Entity Name: ST. RAPHAEL ENTERPRISES, INC.

FILED  
Mar 17, 2009  
Secretary of State

## Current Principal Place of Business:

1824 61ST AVE NORTH  
TOWN PLAZA  
SAINT PETERSBURG, FL 33714

## New Principal Place of Business:

## Current Mailing Address:

6931 THIRD ST. N.  
ST PETERSBURG, FL 33702

## New Mailing Address:

FEI Number: 59-3325885

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SLICKER, WILLIAM D  
447 THIRD AVE. N., 405  
ST PETERSBURG, FL 33701 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: P ( ) Delete  
Name: ST. RAPHAEL, POLLY  
Address: 6931 THIRD ST. N.  
City-St-Zip: ST PETERSBURG, FL 33702

Title: TVP ( ) Delete  
Name: ST. RAPHAEL, MAX  
Address: 6931 THIRD ST. N.  
City-St-Zip: ST PETERSBURG, FL 33702

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: MAX ST RAPHAEL

TTVP

03/17/2009

Electronic Signature of Signing Officer or Director

Date