

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000067360 1. Entity Name RAIRIGH CONSTRUCTION MANAGEMENT, INC.	
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Principal Place of Business 13625 N FLORIDA AVE TAMPA, FL 33613 US	Mailing Address 13625 N FLORIDA AVE TAMPA, FL 33613 US
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01262006 No Chg-F CR2E034 (11/05)

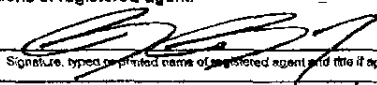
DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3389953	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent RAIRIGH, RAYMOND L SR 13625 N FLORIDA AVE TAMPA, FL 33613

**DO NOT WRITE
IN THIS SPACE**

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.

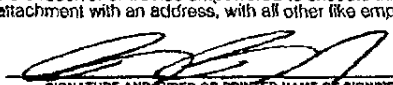
SIGNATURE:  DATE: **2/2/06**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	1000000420745 02/16/06-800008-017 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT RAIRIGH, RAY JR. 13625 N FLORIDA AVE TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAIRIGH, RAYMOND L SR 13625 N FLORIDA AVE TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RAIRIGH, GREGORY S 13625 N FLORIDA AVE TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:  DATE: **2/2/06** DAYTIME PHONE: **813-971-7733**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR