


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 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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01032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3389953	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

RAIRIGH, RAYMOND L SR 13625 N FLORIDA AVE TAMPA, FL 33613
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**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

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

000000780763
01/15/08 00000 004 150.00


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	

**DO NOT WRITE
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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAYMOND L. RAIRIGH, SR. PRES.

Date

1-10-08

Daytime Phone #

813-971-7733