

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000082243

**Entity Name:** MCRAE ENTERPRISES, INC.

**Current Principal Place of Business:**

5345 HOLOPAW RD.  
SAINT CLOUD,, FL 34773

**Current Mailing Address:**

5345 HOLOPAW RD.  
SAINT CLOUD,, FL 34773 OS

**FEI Number:** 26-3308398

**Certificate of Status Desired:** No

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

COLOMBEY, MARTINE P  
5345 HOLOPAW RD  
SAINT CLOUD, FL 34773 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name MCRAE, SHAWN C  
Address 5345 HOLOPAW ROAD  
City-State-Zip: ST. CLOUD FL 34773

Title VP  
Name MCRAE, ERIC O  
Address 5345 HOLOPAW ROAD  
City-State-Zip: ST. CLOUD FL 34773

Title T  
Name MCRAE, ERIC O  
Address 5345 HOLOPAW ROAD  
City-State-Zip: ST. CLOUD FL 34773

Title S  
Name MCRAE, SHAWN C  
Address 5345 HOLOPAW ROAD  
City-State-Zip: ST. CLOUD FL 34773

*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:** SHAWN C. MCRAE

**PRESIDENT**

**08/10/2014**

Electronic Signature of Signing Officer/Director Detail

Date