

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000000914

**FILED**  
**Feb 02, 2017**  
**Secretary of State**  
**CC8793112643**

**Entity Name:** LOUIS A. RALEY C.P.A., P.A.

**Current Principal Place of Business:**

3469 W. BOYNTON BEACH BLVD. #18  
BOYNTON BEACH, FL 33436

**Current Mailing Address:**

3469 W. BOYNTON BEACH BLVD. #18  
BOYNTON BEACH, FL 33436

**FEI Number:** 27-4497555

**Certificate of Status Desired:** No

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

RALEY, LOUIS A  
3469 W. BOYNTON BEACH BLVD. #18  
BOYNTON BEACH, FL 33436 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 PD  
Name RALEY, LOUIS A  
Address 3469 W. BOYNTON BEACH BLVD. #18  
City-State-Zip: BOYNTON BEACH FL 33436

Title TREASURER  
Name RALEY, ADRIAN T  
Address 17377 30TH LN N  
City-State-Zip: LOXAHATCHEE FL 33470

*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:** ADRIAN RALEY

**TREASURER**

**02/02/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date