


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

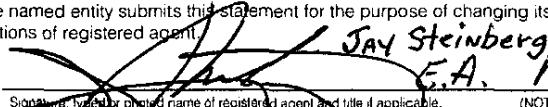
FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90040 016 ***150.00

| | | | |
|---|---------|---|---------|
| DOCUMENT # P00000112172 | |  | |
| 1. Entity Name RAYMOND J. GUDAITIS, INC. | | | |
| Principal Place of Business 3690 EAST BAY DRIVE SUITE D LARGO FL 33771 US | | Mailing Address 2141 RIDGE ROAD #61 LARGO FL 33778-1618 US | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



MOORE CR2E034 (11/03)

| | | | |
|---|--|--|--|
| 4. FEI Number 59-3684622 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent HASTINGS, DAVID C 2207 54TH ST. S. GULFPORT FL 33707 | | 7. Name and Address of New Registered Agent Name VJ Consulting LLC Street Address (P.O. Box Number is Not Acceptable) 900 EAST BAY DR. STE F City LARGO FL Zip Code 33770 | |
| B. 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  <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | DATE 4/1/04 <small>(NOTE: Registered Agent signature required when reinstating)</small> | |

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD GUDAITIS, RAYMOND J 2141 RIDGE ROAD, #61 LARGO FL 33778-1618 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **RAYMOND J. GUDAITIS** - 8-04 727-581-3759
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #