

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000078534

Entity Name: C. RAY ACCOUNTING, INC.

FILED
Feb 11, 2005
Secretary of State

Current Principal Place of Business:

PO BOX 953263
LAKE MARY, FL 32795

New Principal Place of Business:

Current Mailing Address:

PO BOX 953263
LAKE MARY, FL 32795 US

New Mailing Address:

FEI Number: 16-1616459

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, COLLEEN R
PO BOX 953263
LAKE MARY, FL 32795 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: JONES, COLLEEN R
Address: PO BOX 953263
City-St-Zip: LAKE MARY, FL 32795

Title: DV () Delete
Name: JONES, ERIC D
Address: PO BOX 953263
City-St-Zip: LAKE MARY, FL 32795

Title: VP () Delete
Name: ULRICH, RACHEL
Address: PO BOX 953263
City-St-Zip: LAKE MARY, FL 32795

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: JONES, COLLEEN R
Address: PO BOX 953263
City-St-Zip: LAKE MARY, FL 32795

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPS (X) Change () Addition
Name: ULRICH, RACHEL I
Address: PO BOX 953263
City-St-Zip: LAKE MARY, FL 32795

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: COLLEEN RAY JONES

DPT

02/11/2005

Electronic Signature of Signing Officer or Director

Date