

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 07, 2007 8:00 am**  
**Secretary of State**

02-07-2007 90036 035 \*\*\*158.75

**DOCUMENT # 246579**

1. Entity Name  
RAY ANTHONY INTERNATIONAL, INC.



Principal Place of Business  
280 NW 12TH AVE.  
POMPANO BCH., FL 33069-2902

Mailing Address  
280 NW 12TH AVE.  
POMPANO BCH., FL 33069-2902

**DO NOT WRITE IN THIS SPACE**



01102007 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-0951721

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

FERCHAK JR. RICHARD S  
1401 NE 10TH STREET  
POMPANO BEACH, FL 33060

**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 resigning.)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTVS  
ANTHONY, RAY G  
1401 N.E. 10TH ST.  
POMPANO BEACH, FL 33060

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ANTHONY, RAY G  
1401 N.E. 10TH ST.  
POMPANO BEACH, FL 33060

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
COO  
FERCHAK, RICHARD S  
280 NW 12TH AVE.  
POMPANO BEACH, FL 33069

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

**1-31-07**

Date

Daytime Phone #

60900