

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 255527

FILED
Feb 23, 2004
Secretary of State

Entity Name: RAYNOR OF JACKSONVILLE, INC.

Current Principal Place of Business:

1326 LAKEWOOD ROAD
JACKSONVILLE, FL 32207 US

New Principal Place of Business:

Current Mailing Address:

1326 LAKEWOOD ROAD
JACKSONVILLE, FL 32207 US

New Mailing Address:

FEI Number: 59-0991385

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, MARY C
1122 MARCO PLACE
JACKSONVILLE, FL 32207 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: D () Delete
Name: JOOS, OLGA HELENA,
Address: 1326 LAKEWOOD ROAD
City-St-Zip: JACKSONVILLE, FL 32207

Title: STD () Delete
Name: JOOS, WILLIAM J,
Address: 1326 LAKEWOOD ROAD
City-St-Zip: JACKSONVILLE, FL 32207

Title: V () Delete
Name: CAVEN, JOHN W, JR,
Address: 2775 WHITE OAK LANE
City-St-Zip: JACKSONVILLE, FL

Title: PSD () Delete
Name: JOHNSON, MARY CECILI, A
Address: 1122 MARCO PLACE
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: OLGA HELENA JOOS

D

02/23/2004

Electronic Signature of Signing Officer or Director

Date