

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 08:00 AM
Secretary of State



DOCUMENT # 274497

1. Entity Name
MEAD-RAYMOND CORP.

Principal Place of Business
C/O PRENTICE-HALL CORP SYSTEM, INC.
1201 HAYES ST., STE. 105
TALLAHASSEE, FL 32301 US

Mailing Address
C/O PRENTICE-HALL CORP SYSTEM, INC.
1201 HAYES ST., STE. 105
TALLAHASSEE, FL 32301 US



02022005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1028122	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CSC CORPORATION SERVICE CO
1201 HAYES ST.
TALLAHASSEE, FL 32301

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 reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	PTD MEAD, DUANE D BOX 130967 N/A TYLER, TX	<p style="text-align: center;">U00000217275 02/07/05-80017-019 150.00</p> <p style="text-align: center;">DO NOT WRITE IN THIS SPACE</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MEAD, MARY BOX 130967 N/A TYLER, TX	
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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: *Duane D Mead* **DUANE D. MEAD** **FEB - 3 2005** **(903) 509-0863**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #