

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2007 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**



01272007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1028122	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

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

U000000527419
02/15/07-80061-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	MEAD, DUANE D
STREET ADDRESS	BOX 130967 N/A
CITY-ST-ZIP	TYLER, TX
TITLE	SD
NAME	MEAD, MARY
STREET ADDRESS	BOX 130967 N/A
CITY-ST-ZIP	TYLER, TX
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:

Duane D Mead **DUANE D. MEAD**

FEB - 2 2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #