


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # 282580 1. Entity Name RAYMOND INVESTMENTS, INC.	
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Principal Place of Business C/O JAMES M WALLACE 420 OLDMAIN ST., P.O. BOX 1889 BRADENTON, FL 34206-1889 US	Mailing Address C/O JAMES M WALLACE 420 OLDMAIN ST., P.O. BOX 1889 BRADENTON, FL 34206-1889 US
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DO NOT WRITE IN THIS SPACE



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1315234	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 WALLACE, JAMES M 420 OLD MAIN ST. BRADENTON, FL 34205	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WALLACE, D.H. 420 OLD MAIN ST. BRADENTON, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALLACE, JAMES M 420 OLD MAIN ST. BRADENTON, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CALANDRA, GAIL M 420 OLD MAIN ST. BRADENTON, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

01/12/04-80063-003 150.00

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IN THIS SPACE**

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:

James M. Wallace
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-04
Date

941 746-7157
Daytime Phone #