2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 282580

1. Entity Name
RAYMOND INVESTMENTS, INC.

50002686

01122005   Chg-P   CR2E034 (10/03)

Principal Place of Business	Mailing Address
C/O JAMES M WALLACE 420 OLDMAIN ST., P.O. BOX 1889 BRADENTON, FL 34206-1889 US	C/O JAMES M WALLACE 420 OLDMAIN ST., P.O. BOX 1889 BRADENTON, FL 34206-1889 US
2. Principal Place of Business	**3.** Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number
59-1315234

Applied For / Not Applicable

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

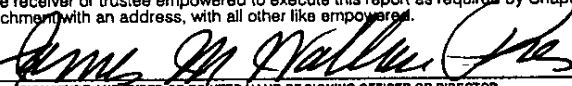| **6. Name and Address of Current Registered Agent**	**7. Name and Address of New Registered Agent**
WALLACE,JAMES M 420 OLD MAIN ST. BRADENTON, FL 34205	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	SD	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	WALLACE, D.H.		NAME			
STREET ADDRESS	420 OLD MAIN ST.		STREET ADDRESS			
CITY-ST-ZIP	BRADENTON, FL 00000,		CITY-ST-ZIP			
TITLE	PD	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	WALLACE, JAMES M		NAME			
STREET ADDRESS	420 OLD MAIN ST.		STREET ADDRESS			
CITY-ST-ZIP	BRADENTON, FL 00000,		CITY-ST-ZIP			
TITLE	VD	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	CALANDRA, GAIL M		NAME			
STREET ADDRESS	420 OLD MAIN ST.		STREET ADDRESS			
CITY-ST-ZIP	BRADENTON, FL 00000,		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

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_   1/12/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #