

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 338786

**FILED
Apr 14, 2009
Secretary of State**

Entity Name: RAY ROUTH, INC.

Current Principal Place of Business:

1502 N. LIME AVENUE
SARASOTA, FL 34237

New Principal Place of Business:

Current Mailing Address:

1502 N. LIME AVENUE
P.O. BOX 4067
SARASOTA, FL 34230

New Mailing Address:

FEI Number: 59-1231809 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ROUTH, ROSIE
6841 PORTER RD
SARASOTA, FL 34240 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: P () Delete
Name: ROUTH, ROSIE
Address: 6841 PORTER RD
City-St-Zip: SARASOTA, FL 34240

Title: S () Delete
Name: JACKSON, GARY
Address: 7593 RICHARDSON ROAD
City-St-Zip: SARASOTA, FL 34240

Title: VD () Delete
Name: ROUTH, RAY JR.
Address: 6901 NW 210TH STREET
City-St-Zip: MICANOPY, FL 32667

Title: T () Delete
Name: ROUTH, SCOTT
Address: 6731 AVENUE C
City-St-Zip: SARASOTA, FL 34231

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 exemption stated 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 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: ROSIE ROUTH

P

04/14/2009

Electronic Signature of Signing Officer or Director

_____ Date