

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # 352420

1. Entity Name
RAYMED, INC.



Principal Place of Business
125 BUTLER ST
W PALM BEACH, FL 33407

Mailing Address
1633 FLAGLER MANOR CIRCLE
WEST PALM BEACH, FL 33411 US



02232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1278569

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAYMOND, THOMAS F
125 BUTLER ST.
WEST PALM BEACH, FL 33407

**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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

149-000-1031
04/12/04-34081-003 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
RAYMOND, THOMAS F
125 BUTLER ST
W PALM BCH., FL 00000,

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T
RAYMOND, NANCY
125 BUTLER ST
W PALM BCH., FL 00000,

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
RAYMOND, JANE
125 BUTLER ST
W PALM BCH., FL 00000,

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
RAYMOND, G DAVID
125 BUTLER ST
W PALM BCH., FL 00000,

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 exemption stated in Section 119.07(3)(f), 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: *Nancy V. Raymond*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/10/04
Date

561-791-7699
Daytime Phone #

Nancy V. Raymond