


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2004 8:00 am
Secretary of State

01-13-2004 90014 049 ***150.00

| | | | |
|---|---|--|--|
| DOCUMENT # 409551 | |  | |
| 1. Entity Name GEORGE RAYNARD CORPORATION | | | |
| Principal Place of Business 438 CRAIG DRIVE PO BOX 1028 TARPON SPRGS, FL 34688-1028 US | | Mailing Address 438 CRAIG DRIVE PO BOX 1028 TARPON SPRGS, FL 34688-1028 US | |
| 2. Principal Place of Business 5004 CRESTWOOD CT | | 3. Mailing Address 5004 CRESTWOOD CT | |
| Suite, Apt. #, etc. - | | Suite, Apt. #, etc. - | |
| City & State TALLAHASSEE | | City & State TALLAHASSEE | |
| Zip 32311 | Country USA | Zip 32311 | Country USA |
| 4. FEI Number 59-1437758 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| BRITTON, BEATRICE G 438 CRAIG DRIVE P.O. 1028 TARPON SPRINGS, FL 34688 | | Name STAMEY, GAIL R. Street Address (P.O. Box Number is Not Acceptable) 5004 CRESTWOOD CT City TALLAHASSEE FL Zip Code 32311 | |
| 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: <u>Gail R. Stamey</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>1/9/04</u> | | | |
| 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 | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP BRITTON, BEATRICE G 438 CRAIG DR., PO BOX 1028 TARPON SPRINGS, FL 346881028 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2904 RIDGEVIEW DR. MARYVILLE, TN 37801-8350 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST STAMEY, GAIL R. 5004 CRESTWOOD CT TALLAHASSEE, FL 32311 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: <u>Gail R. Stamey</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR GAIL R. STAMEY | | DATE: <u>1/9/04</u> | DAYTIME PHONE #: <u>850 385 7006</u> |