


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # 605403	
1. Entity Name JEFFERSON G. RAY, III, P.A.	

Principal Place of Business 2023 N DONNELLY MT DORA, FL 32757 US	Mailing Address POB 1048 P.O. DRAWER 1048 MT DORA, FL 32756 US
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01312008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1882091	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RAY, JEFFERSON G III 2023 N DONNELLY ST MT DORA, FL 32757
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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 _____


FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	STPV RAY, JEFFERSON G III 44150 PARKWAY LANE ALTOONA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP RAY, AMY E 57 ARTHUR RD ASHEVILLE, NC 28806
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05/28/08-80079-020 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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  **Jefferson G. Ray, III, President** 4/28/08;(352)383-7176