


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2006 08:00 AM
Secretary of State

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|--|--|---------------------------------|--|--|--|
| DOCUMENT # 681381 1. Entity Name RAYNET, INC. | | | |  | |
| Principal Place of Business 4674 HIDDEN RIVER RD. C/O RAY BLACKMAN SARASOTA FL 34240 | | | | Mailing Address 4674 HIDDEN RIVER RD. C/O RAY BLACKMAN SARASOTA FL 34240 | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | | 3. Mailing Address Suite, Apt. #, etc. | |
| City & State | | | | City & State | |
| Zip | | Country | | 4. FEI Number 59-2017453 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BLACKMAN, RAY 4674 HIDDEN RIVER RD. SARASOTA FL 34240 | | | | 7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | | | 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 | PD BLACKMAN, RAY 4674 HIDDEN RIVER RD SARASOTA FL | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY- ST- ZIP | 000001491582 04/13/06-80028-006 150.00 |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | ST BLACKMAN, ANNETTE 4674 HIDDEN RIVER RD SARASOTA FL | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Annette Blackman ANNETTE BLACKMAN 4/3/06 (941) 322-1041