


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 03, 2004 8:00 am
Secretary of State


06-03-2004 90005 004 ***150.00

DOCUMENT # 685423 1. Entity Name RAY'S CLEANING SERVICE, INC.	
---	---

Principal Place of Business 1114 W. 11TH STREET P.O. BOX 3133 LAKELAND, FL 33802-3133	Mailing Address 1114 W. 11TH STREET P.O. BOX 3133 LAKELAND, FL 33802-3133
---	---

DO NOT WRITE IN THIS SPACE

14023204



05102004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2057489	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BENNETT, RAYMOND
1114 W. 11TH STREET
LAKELAND, FL 33805**

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
---	---	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BENNETT, RAYMOND 1114 W 11TH ST LAKELAND, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST BENNETT, BOBBIE 1114 W. 11TH ST LAKELAND, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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)(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: *Bobbie Bennett* *Bobbie Bennett* *6/1/04* *863-683-2401*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #