2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2008 8:00 am
Secretary of State
03-24-2008 90042 017 ***150.00

DOCUMENT # 694966

1. Entity Name
RAY GREEN, INC.

Principal Place of Business	Mailing Address
13540 N. FLORIDA AVE., STE ~~206A~~ 207 TAMPA FL 33613 US	~~P OBOX 1274~~ ~~P.O. BOX 1274~~ TAMPA FL 33601 US

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
13540N FLA AVE		13540 N. FLA AVE	
Suite, Apt. #, etc. 207		Suite, Apt. #, etc. #207	
~~City &~~ State TAMPA FL		City & State TAMPA FL	
Zip 33613	Country HILLSB,	Zip 33613	Country HILLSB,

4. FEI Number 59-2105838 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GREEN, RAY M
13540 N. FLORIDA AVE., STE ~~206A~~ 207
TAMPA FL 33613

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

~~Change~~

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 [signature] 3/8/08
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, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSD	☐ Delete
NAME	GREEN, RAYFORD M.	
STREET ADDRESS	13540 N. FLORIDA AVE., STE ~~206A~~ 207	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE	VP	☐ Delete
NAME	GREEN, VIOLOTA	
STREET ADDRESS	13540 N. FLORIDA AVE., STE ~~206A~~ 207	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
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TITLE		☐ Delete
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: [signature] RAY M. GREEN 3/8/08 1.813.269.2910
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #