

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90292 025 ***150.00

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1. Entity Name
PANARAY, INC.



Principal Place of Business
**840 JUPITER PARK DRIVE
SUITE 102
JUPITER, FL 33458**

Mailing Address
**P.O. BOX 2216
SCHENECTADY, NY 12301-2216**

DO NOT WRITE IN THIS SPACE



04062004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1131784

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SMITH, WILLIAM T 4200 WILDWOOD PARKWAY ATLANTA, GA 30339
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD DICKENSON, KEVIN 840 JUPITER PARK DR., SUITE 102 JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MURRAY, MICHAEL W 840 JUPITER PARK DR., SUITE 102 JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS LUBLIN, KATHERINE 4200 WILDWOOD PARKWAY ATLANTA, GA 30339
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT CARTLEDGE, ANDREW 221 CRESCENT STREET WALTHAM, MA 02453
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VAT MAYHEW, J. DAWN 12 CORPORATE WOODS BLVD. ALBANY, NY 12211

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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: Barbara A. Melita
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #