


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 03, 2005 08:00 AM
Secretary of State

DOCUMENT # F52483 1. Entity Name RAY-NEL ENTERPRISES, INC.			
Principal Place of Business 2923 SOUTH 50TH STREET TAMPA, FL 33619		Mailing Address 2923 SOUTH 50TH STREET TAMPA, FL 33619	
DO NOT WRITE IN THIS SPACE			
		4. FEI Number 59-2139951	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PINES, R. RANDY 2923 SOUTH 50TH ST. TAMPA, FL 33619		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PINES, RANDY R 2507 W EMMA CIR TAMPA, FL		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PINES, HAZEL 3308 UNION ST TAMPA, FL		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD ANTINORI, NELSON, JR. 2107 ST SOPHIA TAMPA, FL		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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: <u>Nelson Antinori</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		530-05 (813) 2483727 <small>Date Daytime Phone #</small>	