

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2008 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**



01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2139951

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**U00000790082
01/23/08-80021-004 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PINES, RANDY R
STREET ADDRESS	2507 W EMMA CIR
CITY-STATE-ZIP	TAMPA, FL
TITLE	PD
NAME	PINES, HAZEL
STREET ADDRESS	3308 UNION ST
CITY-STATE-ZIP	TAMPA, FL
TITLE	STD
NAME	ANTINORI, NELSON, JR.
STREET ADDRESS	2107 ST SOPHIA
CITY-STATE-ZIP	TAMPA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Nelson Antinori* **NELSON ANTINORI, JR. TREA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-17-08

Daytime Phone #