2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)

DOCUMENT # F94000004470

1. Entity Name

SUNRAY, INC.

Principal Place of Business	Mailing Address
16016 U.S. HWY 301 DADE CITY FL 33525	16016 U.S. HWY 301 DADE CITY FL 33525

MOORE   CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address	**4.** FEI Number 59-3260895	Applied For / Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	**5.** Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State	City & State		
Zip Country	Zip Country		

6. Name and Address of Current Registered Agent	**7. Name and Address of New Registered Agent**
YAGER, LEROY T 16016 US HWY 301 DADE CITY FL 33525	Name Street Address (P.O. Box Number is Not Acceptable) 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, 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
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		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	YAGER, LEROY T		NAME			
STREET ADDRESS	16016 US HWY 301		STREET ADDRESS			
CITY-ST-ZIP	DADE CITY FL 33525		CITY-ST-ZIP			
TITLE	V	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	YAGER, ELIZABETH A		NAME			
STREET ADDRESS	16016 US HWY 301		STREET ADDRESS			
CITY-ST-ZIP	DADE CITY FL 33525		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			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: X *Leroy T. Yager*   LeRoy T. YAGER X 4-6-04   352-521-5660

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