

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2005 8:00 am
Secretary of State

02-15-2005 90025 040 ***150.00

DOCUMENT # H48446

1. Entity Name

RAY CREES MARKETING CORPORATION



Principal Place of Business

**1442 N HARBOR CITY BLVD
MELBOURNE FL 32935**

Mailing Address

**P O BOX 360813
MELBOURNE FL 32935**

2. Principal Place of Business

**N. Harbor
1442 City Blvd**

3. Mailing Address

P O Box 360813

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Melbourne FL

City & State

Melbourne, FL

4. FEI Number

59-2523107

Applied For

Not Applicable

Zip

32935

Country

Brevard

Zip

32936

Country

Brevard

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CREES, SILAS RAY
1170 SARNORD ROAD
P.O. BOX 360813
MELBOURNE FL 32936**

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

Silas Ray Crees **SILAS RAY CREES**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2-5-05

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PST
CREES, SILAS RAY
1442 N HARBOR CITY BLVD
MELBOURNE FL** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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

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:

Silas Ray Crees **SILAS RAY CREES**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-05

Date

321-259-0135

Daytime Phone #