2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 04, 2005 8:00 am Secretary of State

DOCUMENT # J06304 1. Entity Name GLO-RAY, INC.					04-04-200:	5 90086 (033 ***15	50.00	
Principal Place 2575 ULMER #200 CLEARWATER	TON RD	Mailing Address 2575 ULMERTON RD #200 .CLEARWATER, FL-33762 US			50033218				
2. Principal Place of Bysiness 3066 PCLICAN PL 3. Mailing Address 3066 PCLICAN Suite, Apt. #, etc. Suite, Apt. #, etc.				02212005	Chg-P		34 (10/03)		
City & State Clearwater FC		City & State CIEURWATER FL		4. FEI Number 59-266	er		Api	plied For t Applicable	
Zip Country 3376 L USA 5. Name and Address of Current Re		<u> </u>	Country USA	5. Certificate of Status Desired 7. Name and Address of New Regis			\$8.75 Additional Fee Required		
SCALISE, RAYMOND 2575 ULMERTON RD 3066 Pelican Place STE 200 CLEARWATER, FL 32762 CLEARWATER, F1 33762 8. The above named entity submits this statement for the purpose of changing its registere the obligations of registered agent.				Street Address (P.O. Box Nymber is Not Acceptable) City C EMWUTEN FL Zig Code 2 76 L ed office or registered agent, or both, in the State of Florida. I am familiar with, and accept					
SIGNATURE_	Signature, typed or printed name of registered agent at	nd title if applicable. (NOTE: Reg	gistered Agent signature red	quired when reinstating)		DATE			
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campaign F Trust Fund Contribu		\$5.00 May Be Added to Fees					
10.	OFFICERS AND I	DIRECTORS	11.	ADDITIONS	CHANGES TO OFF	ICERS AND	DIRECTORS	IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT SCALISE, RAYMOND J. 2 575 ULMERTON RD STE 200 GLEARWATER, FL - 33762	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3066 P Clen	elican zwarn	PL	Change 337	□ Addition	
TITLE NAME STREET ADDRESS CITY-ST-2IP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS GITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
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12. I hereby of indicated of the corchanged	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo , or on an attachment with an address, v	this filing does not qualify for the true and accurate and that my swered to execute this report as with all other like empowered.	e exemption stated in ignature shall have equired by Chapter	n Section 119.07(3) the same legal effer 607, Florida Statute	(i), Florida Statutes. ct as if made under es; and that my nan	I further cer oath; that I ne appears i	rtify that the in am an officer n Block 10 or	iformation or director Block 11 if	