

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # J64924

1. Entity Name

RAY 'N SAM, INC.



FILED
Apr 26, 2005 08:00 AM
Secretary of State

Principal Place of Business

5003 YELLOW PINE ST
ST. PETERSBURG FL 33709
US

Mailing Address

P.O. BOX 273
INDIAN ROCKS BEACH FL 33785
US

2. Principal Place of Business

3. Mailing Address



1st MOORE CR2E034 (10/04)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2813750

Applied For
Not Applicable

Zip

Country

Zip

Country

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

DAVIS, RAYMOND D
2406 GULF BLVD #103
INDIAN ROCKS BEACH FL 33785

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, 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 D ☐ Delete
NAME DAVIS, RAYMOND D
STREET ADDRESS 2406 GULF BLVD STE 103 P O BOX 273
CITY- ST- ZIP INDIAN ROCKS BEACH FL 33785

TITLE ☐ Change ☐ Addition
NAME UN00000331885
STREET ADDRESS 04/26/05-80035-004 150.00
CITY- ST- ZIP

TITLE D ☐ Delete
NAME DAVIS, IMORAE
STREET ADDRESS 2406 GULF BLVD STE 103 P O BOX 273
CITY- ST- ZIP INDIAN ROCKS BEACH FL 33785

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

TITLE ☐ Delete
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STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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NAME
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CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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)(f), 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:

Ray Davis RAY DAVIS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-18-05

Date

727-541-6640

Daytime Phone #