

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90019 036 \*\*\*150.00

<b>DOCUMENT # J64924</b>		
1. Entity Name <b>RAY 'N SAM, INC.</b>		

Principal Place of Business <b>5003 YELLOW PINE ST ST. PETERSBURG FL 33709 US</b>	Mailing Address <b>P.O. BOX 273 INDIAN ROCKS BEACH FL 33785 US</b>
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2. Principal Place of Business		3. Mailing Address <b>RAY DAVIS</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>5003 Yellow Pine ST.</b>	
City & State		City & State <b>ST. Petersburg, FL.</b>	
Zip <b>33709</b>	Country	Zip <b>33709</b>	Country <b>Pinellas</b>

1st MOORE CR2E034 (10/05)

4. FEI Number <b>59-2813750</b>		Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>DAVIS, RAYMOND D 2406 GULF BLVD #103 INDIAN ROCKS BEACH FL 33785</b>		7. Name and Address of New Registered Agent	
Name			
Street Address (P.O. Box Number is Not Acceptable)			
City		<b>FL</b>	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DAVIS, RAYMOND D 2406 GULF BLVD STE 103 P O BOX 273 INDIAN ROCKS BEACH FL 33785</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DAVIS, IMORAE 2406 GULF BLVD STE 103 P O BOX 273 INDIAN ROCKS BEACH FL 33785</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** Ray Davis **3-1-06 727-744-9611**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #