

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # J64924

1. Entity Name
RAY 'N SAM, INC.



**FILED
Apr 28, 2008 8:00 am
Secretary of State**

04-28-2008 90376 043 ***150.00

Principal Place of Business
9950 62ND TERRACE N., #103
MADIERA BEACH, FL 33708 US

Mailing Address
9950 62ND TERRACE N., #103
MADIERA BEACH, FL 33708 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address <i>PO Box 4423</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State <i>Seminole FL</i>
Zip	Country <i>33775 USA</i>

04152008 Chg-P CR2E034 (12/06)

4. FEI Number <i>59-2813750</i>	Applied For
	Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DAVIS, IMORAE
9950 62ND TERRACE N., #103
MADIERA BEACH, FL 33708

7. Name and Address of New Registered Agent

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 translating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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	P DAVIS, IMORAE 9950 62ND TERRACE N., #103 MADIERA BEACH, FL 33708	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAVIS, SCOTT 7125 PARADISE POINT DR. KEYSTONE HEIGHTS, FL 32656	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Debra Tinkler* Debra Tinkler 4-15-08 812-597-2721
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #