## 2004 FOR PROFIT CORPORATION

## Mar 31, 2004 08:00 AM **—ANNUAL REPORT** Secretary of State DOCUMENT # K08071 1. Entity Name E. M. RAY ENTERPRISES, INC. Principal Place of Business Mailing Address 8467 S.W. 16TH AVE. 8467 S.W. 16TH AVE. OCALA, FL 34476 US OCALA, FL 34476 US 03292004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2875100 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent RAY, EDWARD M. DO NOT WRITE 8467 S.W. 16TH AVE. OCALA, FL 34476 IN THIS SPACE 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) UCOCCOC99507 03/31/04-80008-015 150.00 9. Election Campaign Financing \$5.00 May 8e FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. HILE RAY EDWARD M. NAME STREET ADDRESS 8467 S.W. 16TH AVE. OCALA, FL 34476 Cary-ST-ZIP TITLE MAME STREET ADDRESS CITY -ST - ZIP SISLE MALE STREET ADDRESS DO NOT WRITE CUTY-S1-ZIP IN THIS SPACE MARKE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling does not quality 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:

NAME STREET ADDRESS

CER OR DIRECTOR

**FILED** 

Usytime Phone #