## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

PRODE Place of Business  8467 S.W. 16TH AVE.  OCAL, FL 34476  DO NOT WRITE IN THIS SPACE  1122005  No Chg. P CREGOR (10/03)  4. FEI Number  5. Cardificate of Status Depind  6. Name and Address of Current Registered Agent  RAY, EDWARD M. 8467 S.W. 16TH AVE.  OCALA, FL 34476  DO NOT WRITE IN THIS SPACE  8. The abcord ramed gridly submits this statement for the purpose of changing its registered edition or registered agent, or both, in the State of Florida. I am lamiliar with, and accept first obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept first obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept first obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept first obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept first obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept first obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept first obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept first obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept first obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept first obligations or registered agent, or both, in the State of Florida. I am lamiliar with, and accept first obligations or registered agent, or both, in the State of Florida.  Follows a product of registered agent or both, in the State of Florida State of Flori	DOCUMENT # K08071  1. Entity Name E. M. RAY ENTERPRISES, INC.				Secretary of State	
DO NOT WRITE IN THIS SPACE  4. FEI Number 59-2875100  6. Name and Address of Current Registered Agent  FARY, EDWARD M. 8467 S.W. 16TH AVE.  COALA, FL 34476  B. The above named ontity submits it is statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorica. 1 am familiar with, and accept the chipatone of registered agent.  SIGNATURE  FILE NOW!! FEE IS \$150.00  9. Election Contribution.  10. OFFICIES AND DIRECTORS  110. OFF	8467 S.W. 1	6TH AVE.	8467 S.W. 16TH AVE.	-	 	
RAY, EDMARD M. 8467 S.W. 16TH AVE. OCALA, FL 34476  8. The above named ensity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Protida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Protida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Protida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Protida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Protida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Protida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Protida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Protida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Protida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Protida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Protida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Protida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Protida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Protida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Protida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Protida. I am familiar with, and accept the obligations of registered office or registered agent, or both in the State of Protida. I am familiar with, and accept the obligations of registered office or registered agent, or both in the State of Protida. I am familiar with, and accept the obligations of registered agent				CE	01122005 No Chg-P CR2E034 (10/03)  4. FEI Number   Applied For   59-2875100   Not Applicable  5. Certificate of Status Desired   \$8.75 Additional	
THE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  OFFICERS AND DIRECTORS  TILE NAME STREET ADDRESS CITY-ST-ZP  TILE NAME STREET ADDRESS CITY-ST-ZP  TILE NAME NAME STREET ADDRESS CITY-ST-ZP  TILE NAME NAME STREET ADDRESS CITY-ST-ZP  TILL NAME STREET ADD	RAY, EDWARD M. 8467 S.W. 16TH AVE.				<del>-</del>	
10. OFFICERS AND DIRECTORS     TITLE	the obligations of registered agent.  SIGNATURE  Signature, typed or profiled name of registered agent and life if applicable (NOTE Registered Agent signature required when reinstating)  DATE  FILE NOWING FEE IS \$150.00  9. Election Campaign Financing \$5.00 May Se					
TITLE NAME RAY, EDWARD M. SREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P						
NAME STREET ADDRESS CITY-ST-ZIP  TILLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD RAY, EDWARD M. 8467 S.W. 16TH AVE.	RECTORS		100000183731   01/20/05-80001-012 150.00	
CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TOTLE CONTROL TO THE TOTAL TO T	NAME STREET ADDRESS CITY-ST-ZIP RULE					
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of the enveragion of the recoiler of trusted among the title and the control of the Other Control of the Contro	STREET ADDRESS CITY+ST-ZIP	pertify that the information supplied with the on this report or supplemental report is to	his filing does not qualify for the exe ue and accurate and that my signs	emption stated in Se quire shall have the	ction 119.07(3)(f), Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director	

PHINTED NAME OF SIGNING OFFICER OF DIRECTOR