## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

## Apr 14, 2008 08:00 All 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 04092008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2875100 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 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 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees U00000894173 After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS PD TITLE RAY, EDWARD M. NAME STREET ADDRESS 8467 S.W. 16TH AVE. CITY-ST-ZIP OCALA, FL 34476 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS 12. Thereby 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

DIRECTOR

**FILED**