

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2007 08:00 A
Secretary of State

DOCUMENT # K51074	
1. Entity Name RAYJOE, INC.	
Principal Place of Business 781 SPRING LAKE DRIVE DESTIN, FL 32541	Mailing Address 781 SPRING LAKE DRIVE DESTIN, FL 32541



03072007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 63-0857799	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ABRELL, RAY
781 SPRING LAKE DRIVE
DESTIN, FL 32541

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ABRELL, RAY 781 SPRING LAKE DRIVE DESTIN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS FINCH, JOSEPH M. 6428 SUGARCREEK DR., NO. MOBILE, AL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FINCH, JOSEPH M. 6428 SUGARCREEK DR., NO. MOBILE, AL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BRADFORD, LOIS 421 SOUTH MCDONOUGH ST. MONTGOMERY, AL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/20/07-80024-005 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Rosey Abrell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES 3/1/07 856-831-4251
Date Daytime Phone #