

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90100 007 ***150.00

DOCUMENT # L26047

1. Entity Name

RAY GRAPHICS, INC.



Principal Place of Business

1895 W EXECUTIVE RD
WINTER HAVEN FL 33884

Mailing Address

1895 W EXECUTIVE RD
WINTER HAVEN FL 33884

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2983849

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MORROW, RONALD A
1776 6TH ST NW 510
WINTER HAVEN FL 33881

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME MORROW, CAROL J
STREET ADDRESS 1776 6TH ST NW 510
CITY-ST-ZIP WINTER HAVEN FL 33881

TITLE STD ☐ Delete
NAME SNIVELY, KIMBER LEE
STREET ADDRESS 3518 COUNTRY CLUB ROAD NORTH
CITY-ST-ZIP WINTER HAVEN FL 33881

TITLE VPD ☐ Delete
NAME MORROW, RONALD A
STREET ADDRESS 1776 6TH ST NW 510
CITY-ST-ZIP WINTER HAVEN FL 33881

TITLE D ☐ Delete
NAME PHILLIPS, LISA LEE
STREET ADDRESS 4 BRIDGEWATER
CITY-ST-ZIP WINTER HAVEN FL 33884

TITLE D ☐ Delete
NAME GARBRECHT, DEBRA LEE
STREET ADDRESS PO BOX 1677
CITY-ST-ZIP ISLAMORADA FL 33036

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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

Ronald A Morrow Ronald A Morrow V Pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-19-04 (863) 325-0911