


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90321 001 ***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
-----	---------	-----	---------



1st MOORE CR2E034 (10/04)

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 Ronald A Morrow Street Address (P.O. Box Number is Not Acceptable) 510 Kumquat DR P.O. Box 411 City ANNA MARIA FL Zip Code 34216	
---	--	--	--

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 *Ronald A Morrow* V. Pres. DATE 4-22-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD <input type="checkbox"/> Delete NAME MORROW, CAROL J STREET ADDRESS 1776 6TH ST NW 510 CITY-ST-ZIP WINTER HAVEN FL 33881		TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME MORROW, CAROL J STREET ADDRESS 510 KUMQUAT DR CITY-ST-ZIP ANNA MARIA FL 34216	
TITLE STD <input type="checkbox"/> Delete NAME SNIVELY, KIMBER LEE STREET ADDRESS 3518 COUNTRY CLUB ROAD NORTH CITY-ST-ZIP WINTER HAVEN FL 33881		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE VPD <input type="checkbox"/> Delete NAME MORROW, RONALD A STREET ADDRESS 1776 6TH ST NW 510 CITY-ST-ZIP WINTER HAVEN FL 33881		TITLE VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Ronald A Morrow STREET ADDRESS 510 KUMQUAT DR CITY-ST-ZIP ANNA MARIA FL 34216	
TITLE D <input type="checkbox"/> Delete NAME PHILLIPS, LISA LEE STREET ADDRESS 4 BRIDGEWATER CITY-ST-ZIP WINTER HAVEN FL 33884		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D <input type="checkbox"/> Delete NAME GARBRECHT, DEBRA LEE STREET ADDRESS PO BOX 1677 CITY-ST-ZIP ISLAMORADA FL 33036		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 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** DATE 4-22-05 863 712 7161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #