

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L26047

Entity Name: RAY GRAPHICS, INC.

FILED
Apr 20, 2009
Secretary of State

Current Principal Place of Business:

1895 W EXECUTIVE RD
WINTER HAVEN, FL 33884

New Principal Place of Business:

Current Mailing Address:

1895 W EXECUTIVE RD
WINTER HAVEN, FL 33884

New Mailing Address:

FEI Number: 59-2983849

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORROW, RONALD A
510 KUMQUAT DRIVE
P O BOX
ANNA MARIA, FL 34216 US

Name and Address of New Registered Agent:

MORROW, RONALD A
510 KUMQUAT DRIVE
ANNA MARIA, FL 34216 US

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.

SIGNATURE:

04/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MORROW, CAROL J
Address: 510 KUMQUAT DRIVE
City-St-Zip: ANNA MARIA, FL 34216

Title: STD () Delete
Name: SNIVELY, KIMBER LEE
Address: 3518 COUNTRY CLUB ROAD NORTH
City-St-Zip: WINTER HAVEN, FL 33881

Title: VPD () Delete
Name: MORROW, RONALD A
Address: 510 KUMQUAT DRIVE
City-St-Zip: ANNA MARIA, FL 34216

Title: D () Delete
Name: PHILLIPS, LISA LEE
Address: 4 BRIDGEWATER
City-St-Zip: WINTER HAVEN, FL 33884

Title: D () Delete
Name: GARBRECHT, DEBRA LEE
Address: PO BOX 1677
City-St-Zip: ISLAMORADA, FL 33036

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: GARBRECHT, DEBRA LEE
Address: 5 BRIDGEWATER DRIVE
City-St-Zip: WINTER HAVEN, FL 33884

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL J MORROW

PRES

04/20/2009

Electronic Signature of Signing Officer or Director

Date