2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# M80147

Entity Name: RAYDON CORPORATION

Current Principal Place of Business:

210 FENTRESS BLVD
DAYTONA BCH, FL 32114 US

New Principal Place of Business:

Current Mailing Address:

210 FENTRESS BLVD
DAYTONA BCH, FL 32114 US

New Mailing Address:

FEI Number: 59-2891299 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ARIEL, DONALD K
Address: 688 BRECKENRIDGE DRIVE
City-St-Zip: PORT ORANGE, FL 32127

Title: P/D ( ) Delete
Name: DONOVAN, DAVID P
Address: 125 BROOKSIDE DRIVE
City-St-Zip: DAYTONA BEACH, FL 32124

Title: S ( ) Delete
Name: RICE, WILLIAM A
Address: 526 SUN LAKE DRIVE
City-St-Zip: PORT ORANGE, FL 32127

Title: D ( ) Delete
Name: BENEDICT, JAMES M
Address: 28 BAY POINTE DRIVE
City-St-Zip: ORMOND BEACH, FL 32174

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: DONOVAN, DAVID P
Address: 125 BROOKSIDE DRIVE
City-St-Zip: DAYTONA BEACH, FL 32124

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

Title: D/P (X) Change ( ) Addition
Name: VOLLMAR, MIKE
Address: 283 RIVERSIDE DRIVE
City-St-Zip: ORMOND BEACH, FL 32176

Title: D ( ) Change (X) Addition
Name: SEEGERT, JON
Address: 1316 CREPE MYRTLE LANE
City-St-Zip: PORT ORANGE, FL 32128

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: WILLIAM A. RICE S 04/30/2009

Electronic Signature of Signing Officer or Director Date