

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000047612			
1. Entity Name RAYJAN GROUP, INC.			
Principal Place of Business 185 TWELVE OAKS LANE PONTE VEDRA BEACH, FL 32082		Mailing Address 185 TWELVE OAKS LANE PONTE VEDRA BEACH, FL 32082	
DO NOT WRITE IN THIS SPACE			
		 02072006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-3648550	Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DANIELS, NICHOLAS M ESQ. SUNTRUST INTERNATIONAL CENTER ONE S.E. 3RD AVENUE - SUITE 2400 MIAMI, FL 33131		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 _____ 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, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSS, RAYMOND A JR. 185 TWELVE OAKS LANE PONTE VEDRA BEACH, FL 32082		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSS, JANICE C 185 TWELVE OAKS LANE PONTE VEDRA BEACH, FL 32082		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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: <u>Raymond A Ross Jr. President 3/15/06</u>		Date _____ Daytime Phone # _____	