

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000095432

1. Entity Name  
RAYCARS, INC.



Principal Place of Business  
8890 SOUTH U.S. HWY. 1  
PT. ST. LUCIE, FL 34952

Mailing Address  
8890 SOUTH U.S. HWY. 1  
PT. ST. LUCIE, FL 34952

FILED

08 SEP 24 PM 2: 09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



09232008 No Chg-P CR2E034 (11/05)

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4. FEI Number  
65-1044104

Applied For  
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MCNAMARA, RAYMOND  
1750 HACKMAN TERR  
STUART, FL 34997

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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 \$550.00**  
**Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

100136348851  
09/25/08--01058--010 \*\*558.75

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PVST  
MCNAMARA, RAYMOND P  
1750 HACKMAN TERR.  
STUART, FL 34997

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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NAME  
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CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DO NOT WRITE  
IN THIS SPACE

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:

*Raymond P. McNamara*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/22/08

Date

72398-5220

Daytime Phone #