

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000006260

Entity Name: J R SPRAY, INC.

FILED
Feb 06, 2004
Secretary of State

Current Principal Place of Business:

P.O. BOX 6035
DELTONA, FL 32728

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6035
DELTONA, FL 32728

New Mailing Address:

FEI Number: 59-3691833

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAMOS, RAMON L
531 CABALIER AV
DELTONA, FL 32725 US

Name and Address of New Registered Agent:

RAMOS, RAMON L
100 E. GARDINIA DR.
#B
ORENGE CITY, FL 32763 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: RAMON RAMOS

02/06/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: MEDINA, JOSOE
Address: 1674 STERLIN SILVER BLVD
City-St-Zip: DELTONA, FL 32725

Title: P () Delete
Name: RAMOS, RAMON L
Address: 531 CABNIET AV
City-St-Zip: DELTONA, FL 32725

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RAMON RAMOS

P

02/06/2004

Electronic Signature of Signing Officer or Director

Date