


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000055721 1. Entity Name RAYS OF HOPE REALTY AND INVESTMENT, INC.	
---	---

Principal Place of Business 2239 KIWI TRAIL CLERMONT FL 34711	Mailing Address 2239 KIWI TRAIL CLERMONT FL 34711
---	---



1st MOORE CR2E034 (10/04)

2. Principal Place of Business Suite, Apt #, etc.	3. Mailing Address Suite, Apt. #, etc.
--	---

City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number 59-3723031	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent JOHNSON, FRANKIE M 2239 KIWI TRAIL CLERMONT FL 34711	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
--	---

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	JOHNSON, FRANKIE M
STREET ADDRESS	2239 KIWI TRAIL
CITY - ST - ZIP	CLERMONT FL 34711
TITLE	D <input type="checkbox"/> Delete
NAME	JOHNSON, RICHEY L
STREET ADDRESS	2239 KIWI TRAIL
CITY - ST - ZIP	CLERMONT FL 34711
TITLE	D <input type="checkbox"/> Delete
NAME	TRIBBEY, HELENIA D
STREET ADDRESS	2239 KIWI TRAIL
CITY - ST - ZIP	CLERMONT FL 34711
TITLE	D <input type="checkbox"/> Delete
NAME	TRIBBEY, MICHELLE J
STREET ADDRESS	2239 KIWI TRAIL
CITY - ST - ZIP	CLERMONT FL 34711
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	01/29/05-80051-016 158.75
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Frankie M. Johnson **Frankie M. Johnson** 1/29/05 352-241-990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #