


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 05, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000116281</b>	
1. Entity Name <b>RAY-PRO TACKLE COMPANY</b>	

Principal Place of Business <b>18651 LENAIRE DRIVE MIAMI, FL 33157</b>	Mailing Address <b>18651 LENAIRE DRIVE MIAMI, FL 33157</b>
---	---

**DO NOT WRITE IN THIS SPACE**



06292005 No Chg-P CR2E034 (10/03)


4. FEI Number <b>01-0559202</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**CHEEK, RAYMOND T JR  
 18651 LENAIRE DRIVE  
 MIAMI, FL 33157**

**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:  DATE: **6-26-05**

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

**FILE NOW!!! FEE IS \$150.00  
 Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution:  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHEEK, RAYMONT T JR 18651 LENAIRE DRIVE MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHEEK, RAYMONT T SR 3680 57TH AVENUE VERO BEACH, FL 32966
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHEEK, SANDRA M 18651 LENAIRE DRIVE MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

000000370486  
 07/05/05-80016-009 150.00

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 fee empowered.

SIGNATURE:  DATE: **6-26-05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR