


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 20, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000023422**  
 1. Entity Name  
**RAYMOND RUSSELL, INC.**



Principal Place of Business      Mailing Address  
**17577 MAIN ST NORTH**      **17577 MAIN ST NORTH**  
**BLOUNTSTOWN, FL 32424**      **BLOUNTSTOWN, FL 32424**



02142005    No Chg-P    CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3753281</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  
**RUSSELL, RAYMOND**  
**17577 MAIN ST NORTH**  
**BLOUNTSTOWN, FL 32424**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RUSSELL, RAYMOND 1577 MAIN ST N BOUNTSTOWN, FL 32424
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST RUSSELL, SUSAN 18864 NE WOODMONT RD BOUNTSTOWN, FL 32424
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 04/20/05-80006-018 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 recipient of the report, or I am 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: \_\_\_\_\_ DATE: **2/14/05** (850) 674-5471  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Raymond O. Russell*