


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 22, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000023422**

1. Entity Name  
**RAYMOND RUSSELL, INC.**



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

Mailing Address  
**17577 MAIN ST NORTH  
 BLOUNTSTOWN, FL 32424**



05182006 No Chg-P CR2E034 (11/05)

**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

8. Name and Address of Current Registered Agent

**RUSSELL, RAYMOND  
 17577 MAIN ST NORTH  
 BLOUNTSTOWN, FL 32424**

**DO NOT WRITE IN THIS SPACE**

9. 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 registering)

**FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006**

10. 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	<b>P RUSSELL, RAYMOND 1577 MAIN ST N BLOUNTSTOWN, FL 32424</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VST RUSSELL, SUSAN 18864 NE WOODMONT RD BLOUNTSTOWN, FL 32424</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

00000565668  
 05/22/06-80007-017 150.00

**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 manager 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 alternate contact address, with all other like empoweread.

SIGNATURE: Raymond Russell Pres Date: 5/18/06 (850) (674) 5471

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date City/State/Phone #