2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000027546

1. Entity Name
SUNRAY REALTY.COM INC.

Principal Place of Business	Mailing Address
2512 W VINE ST	2512 W VINE ST
KISSIMMEE, FL 34741	KISSIMMEE, FL 34741

DO NOT WRITE IN THIS SPACE

04112005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
83-0357461	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MEAD, RAY
2512 W VINE ST
KISSIMMEE, FL 34741

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

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	PD	
NAME	MEAD, RAY	
STREET ADDRESS	2512 W VINE ST	
CITY-ST-ZIP	KISSIMMEE, FL 34741	
TITLE	VSD	
NAME	MEAD, JAN	
STREET ADDRESS	2512 W VINE ST	
CITY-ST-ZIP	KISSIMMEE, FL 34741	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

U00000306081
04/14/05-80110-025 150.00

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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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #