

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

06 OCT 27 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000043226			
1. Entry Name R RAY SERVICE INC.			
Principal Place of Business 123 ELLIS VANVLEET APALACHICOLA, FL 32320		Mailing Address 123 ELLIS VANVLEET APALACHICOLA, FL 32320	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 38-4494526		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RESTER, LESIA M 123 ELLIS VANVLEET APALACHICOLA, FL 32320		7. Name and Address of New Registered Agent Name Bobby J. RAY Street Address (P.O. Box Number is Not Acceptable) 26-19TH Avenue City APALACHICOLA FL Zip Code 32320	
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 <u><i>Bobby J. Ray</i></u> 10/26/2006 Signature, typed or printed name of registered agent and 100% applicable (NOTE: Registered Agent signature required when renewing)			
Amended AR is \$81.25		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P RAY, RONALD L 123 ELLIS VANVLEET STREET APALACHICOLA, FL 32320 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BOBBY J. RAY 26-19TH AVENUE APALACHICOLA, FL 32320 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SHIVEX, BOBBY G 449 24TH STREET APALACHICOLA, FL 32320 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BOBBY J. RAY 26-19TH AVENUE APALACHICOLA, FL 32320 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BOBBY J. RAY 26-19TH AVENUE APALACHICOLA, FL 32320 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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 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: <u><i>Ronald L. Ray</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		10/26/2006 (850) 653-6450 Date Daytime Phone #	