


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 22, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000104133  
 1. Entity Name  
 RAYMOND & MARIA'S INC.



Principal Place of Business 825 VIA BIANCA DRIVE DAVENPORT, FL 33896	Mailing Address 825 VIA BIANCA DRIVE DAVENPORT, FL 33896
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**DO NOT WRITE IN THIS SPACE**



03162004 No Chg-P CR2E034 (10/03)

4. FEI Number 52-2379497	Applied For Not Applicable
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5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 LAWRENCE, RAYMOND C  
 825 VIA BIANCA DRIVE  
 DAVENPORT, FL 33896

**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 reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 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 LAWRENCE, RAYMOND C 825 VIA BIANCA DRIVE DAVENPORT, FL 33896
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LAWRENCE, MARIA 825 VIA BIANCA DRIVE DAVENPORT, FL 33896
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 03/22/04-80023-029 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: Raymond C. Lawrence 3/17/2004 8636707397  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #