


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 01, 2005 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



03282005 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 _____ (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 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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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 Date: 3/28/2005 Daytime Phone #: 8636707397