

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2006 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

DO NOT WRITE IN THIS SPACE



03012006 No Chg-P CR2E034 (11/05)

4. FEI Number

52-2379497

Applied For

Not Applicable

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**

B. 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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000468908

03/27/06-80021-019 150.00

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

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

**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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/2006

Date

8136707397

Daytime Phone #