


**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
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DO NOT WRITE IN THIS SPACE



03012006 No Chg-P CR2E034 (11/05)

4. FEI Number 52-2379497	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LAWRENCE, RAYMOND C 825 VIA BIANCA DRIVE DAVENPORT, FL 33896
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**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 _____ DATE _____
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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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
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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 **3/14/2006** **8136707397**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #