



2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000021498 1. Entity Name RAYCO'S GUTBUSTERS, INC.	
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Principal Place of Business 1004 SOUTH 2ND ST. JACKSONVILLE BCH, FL 32250	Mailing Address 1004 SOUTH 2ND ST. JACKSONVILLE BCH, FL 32250
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FILED
06 APR 27 AM 11:34
CLERK OF THE CIRCUIT COURT
JACKSONVILLE, FLORIDA



04102006 No Chg-P CR2E034 (11/05)

4. FEI Number 35-2209268	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LATSHAW, JOHN H JR.
3010 SOUTH 3RD ST.
JACKSONVILLE BCH, FL 32250

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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 restate) DATE _____

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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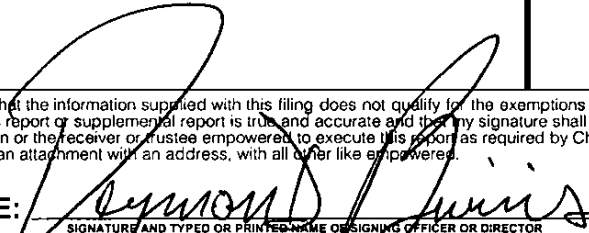
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BIVINS, RAYMOND 1004 SOUTH 2ND ST. JACKSONVILLE BCH, FL 32250
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WARDLAW, DAVID S III 809 WINDY HILL CHATTANOOGA, TN 37421
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCCRAY, PAT 113 CITRUS LANE PONTE VEDRA BEACH, FL 32082
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

900074149819
05/08/06--01015--025 **300.00

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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:  4/24/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #