2006 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT		
DOCUMENT # P03000021498	FILED	
1. Entity Name		
RAYCO'S GUTBUSTERS, INC.	06 APR 27 AHII: 34	
	THE STATE	
Principal Place of Business Mailing Address	THE STATE OF THE STATE	
1004 SOUTH 2ND ST. JACKSONVILLE BCH, FL 32250 1004 SOUTH 2ND ST. JACKSONVILLE BCH, FL 32250 JACKSONVILLE BCH, FL 32250		
	A MATHER I III AANSA ININ AANI AANII AANII AANII AANII AANI	
DO NOT WRITE IN THIS SPA	04102006 No Chg-P CR2E034 (11/05)	
DO NOT WRITE IN THIS SPA	4. FEI Number Applied For 35-2209268 Not Applica	_
	5. Certificate of Status Desired \$8.75 Additional	710
6. Name and Address of Current Registered Agent	Fee Required	4
		.
LATSHAW, JOHN H JR. 3010 SOUTH 3RD ST.	DO NOT WRITE	ı
JACKSONVILLE BCH, FL 32250	IN THIS SPACE	
	IN THIS STASE	
8. The above carried online submitte this statement for the oursess of changing its constraint	treed office as receiptand asset to both in the Charact Claim. In the Charact	_
 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 9. Election Campaign Fina After May 1, 2006 Fee will be \$550.00		
Atto: may 1, 2000 100 Will be \$550.00	Added to reas	
10. OFFICERS AND DIRECTORS		- {
NAME BIVINS, RAYMOND	,	
STREET ADDRESS 1004 SOUTH 2ND ST. CITY-ST-ZIP JACKSONVILLE BCH, FL 32250		
TITLE D	-	
NAME WARDLAW, DAVID S III STREET ADDRESS 809 WINDY HILL	900074149819	
CITY-ST-ZIP CHATTANOOGA, TN 37421	05/08/0601015025 ***300.00	ı
TITLE D		
NAME MCCRAY, PAT SIREET ADDRESS 113 CITRUS LANE	DO NOT WOITE	ļ
CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082	_ DO NOT WRITE	
TITLE NAME	IN THIS SPACE	
STREET ADDRESS		
CITY-ST-ZIP TITLE	-	
NAME		
STREET ADDRESS CITY-ST-ZIP		ļ
TITLE		
NAME CIDEST ADDRESS	, [
STREET ADDRESS CITY-S1-ZIP		
12. I hereby certify that the information supplied with this filling does not qualify for the exindicated on this report or supplemental report is true and accurate and the pay signs	exemptions contained in Chapter 119, Florida Statutes, I further certify that the information	
12. I hereby certify that the information supplied with this filling 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 trib, 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 thereceiver or fusce empowered to execute this specific 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 expressions.		
1/2/12/		
SIGNATURE: / SIGNATURE AND TYPED OR PRINTED-MAKE OR SIGNAM OF FICER OR DIRECTOR Date Daysine Prone #		