


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90046 046 ***150.00

DOCUMENT # P03000033313					
1. Entity Name STRAITRAY CORPORATION					
Principal Place of Business 4075 A1A SOUTH SUITE 200D ST. AUGUSTINE, FL 32080			Mailing Address 4075 A1A SOUTH SUITE 200D ST. AUGUSTINE, FL 32080		
2. Principal Place of Business 4075 A1A South Suite 200A		3. Mailing Address 4075 A1A South Suite 200A			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State St. Augustine		City & State St. Augustine		4. FEI Number 65-1166911	
Zip 32080		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STRAIT, JEFFREY D 515 FOX HOLLOW LANE ST. AUGUSTINE, FL 32086			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
Signature, typed or printed name of registered agent and title if applicable			DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME STRAIT, JEFFREY D STREET ADDRESS 515 FOX HOLLOW LANE CITY-ST-ZIP ST. AUGUSTINE, FL 32086	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V NAME RAY, GWEN E STREET ADDRESS 6332 SALADO ROAD CITY-ST-ZIP ST. AUGUSTINE, FL 32080	<input type="checkbox"/> Delete		TITLE V NAME RAY, GWEN E STREET ADDRESS 21 PITTSOON LANE CITY-ST-ZIP PALM COAST, FL 32164	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition < Address Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Gwen Ray</i> (GWEN RAY, V.P.)			4/12/2004 (904) 461-3104		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		