2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State DOCUMENT # P03000039820 02-10-2004 90019 034 ***150.00 SHEILA RAYFIELD ENTERPRISES, INC. Mailing Address Principal Place of Business 13343 PRESTWICK DRIVE 13343 PRESTWICK DRIVE RIVERVIEW, FL 33569 RIVERVIEW, FL 33569 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01152004 CR2E034 (10/03) Cha-P Applied For 4. FEI Number City & State City & State Not Applicable Zip Country 7in Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RAYFIELD, SHEILA Street Address (P.O. Box Number is Not Acceptable) 13343 PRESTWICK DRIVE RIVERVIEW, FL 33569 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 agen SIGNATURE (NOTE, Registered Agent signature required when reinstating FILE NOW!!!~FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. D Addition TITLE Delete Change Change RAYFIELD, SHEILA NAME NAME 13343 PRESTWICK DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP RIVERVIEW, FL 33569 ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ШЕ ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST, ZIP, A YEAR WELFAU 12. I hereby certify that the information supplied with this filling 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.

FILED Feb 10, 2004 8:00 am fffachment

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City, State Zip Code & County	Suite, Apr. 11, etc.		FET Nunkes Seems Cordibate of Status Desired	W. N. S.				
apollo beach *	A SALIN Y INDIVIDUAL CONTRACTOR C	Principal Place of Business	O Yes o No	161667187	Deciment Number Passandioned Business Party Name RAYTELLI ENTERPRISES,		ion at Corporations	
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https://efile.sunbiz.org/scripts/ubr001.exe

City, State

apollo beach

Zip Code & Country 33572

Name And Address of Registered Agent

Switch April 15, can

Address

Washing Address 7825 bristol park drive

Document Number

#Po300037820 44009267

khon Campaign Financing Trust Fund Contribution 🍳 Yes om 'szemanalna munkay vions Similana kipa

Officer/Director Name And Address

RAYFIELD

SHEILA

AffaChmeNt

Street Address Name (Last Pless, Middle, Trie) Top Code & Country ON STA -on-Entry Mana 33572 apollo beach 7825 bristol park drive

Street Adianess

-or-Emity Young

City, State

Parac (Last Fra. Reduc Tido)