## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P03000051894

1. Entity Name

RAY E. THOMAS, JR. P.A.

**FILED** Jan 13, 2006 08:00 AM Secretary of State

Principal Place of Business

3259 W. BRYANT AVENUE BELL, FL 32619

Mailing Address P.O. BOX 39 BELL, FL 32619

No Chg-P

CR2E034 (11/05)

4. FEI Number 51-0464153

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

3259 W. BRYANT AVENUE BELL, FL 32619			IN THIS SPACE		
	named entity submits this statement for the plions of registered agent		ce or registered agent, or bo	th, in the State of Florida. I am familiar	with, and accept
Old Wild Olice	Signature, typed or printed name of registered agent and title t	f applicable, (NOTE, Registered Agent:	signature required when reinstating)	DATE	· ·
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financing     Trust Fund Contribution.	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMAS, RAY E JR. 8409 NW 22ND COURT BELL, FL 32619	:		U00000386152 01/18/06-80047-010	150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS' CITY-ST-ZIP			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN '	THIS SPACE	· · · · ·
TITLE NAME STREET ADDRESS CITY-ST-ZIP				· · · · · · · · · · · · · · · · · · ·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby of indicated	certify that the information supplied with this file on this report or supplemental report is true a	ling does not qualify for the exemption and accurate and that my signature sh	ons contained in Chapter 119	9, Florida Statutes I further certify that of as if made under oath, that I am an older and that my name appears in Block	the information

changed, or on an attachment wi

SIGNATURE: