

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-14-2004 90065 049 ***150.00

DOCUMENT # P03000061114 1. Entity Name RAYMAN, INC.					
Principal Place of Business PO BOX 200 MARCO ISLAND, FL 34146			Mailing Address PO BOX 200 MARCO ISLAND, FL 34146		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number: 20-0034263	
5. Certificate of Status Desired: <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent RAYMOND, JUSTIN I 1314 JAMAICA RD MARCO ISLAND, FL 34146				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1500 SAN MARCO RD. City MARCO ISLAND FL Zip Code 34146	
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: <i>Justin I. Raymond</i> JUSTIN I. RAYMOND, PRES. March 30, 2004 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>					
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 NAME STREET ADDRESS CITY - ST - ZIP	PS RAYMOND, JUSTIN I PO BOX 200 MARCO ISLAND, FL 34146	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS RAYMOND, JUSTIN I PO BOX 200 MARCO ISLAND, FL 34146	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS RAYMOND, JUSTIN I PO BOX 200 MARCO ISLAND, FL 34146	<input type="checkbox"/> Delete			
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>Justin I. Raymond</i> JUSTIN I. RAYMOND, PRES. March 30, 2004 239 293 5757 <small>(Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #)</small>					