


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2008 8:00 am**  
**Secretary of State**

04-22-2008 90023 035 \*\*\*150.00

<b>DOCUMENT # P03000127006</b> 1. Entity Name <b>RAY THE TRIM MAN, INC.</b>					
Principal Place of Business <b>18824 AUTUMN LAKE BLVD HUDSON, FL 34667</b>			Mailing Address <b>18824 AUTUMN LAKE BLVD HUDSON, FL 34667</b>		
2. Principal Place of Business - No R.D. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>57-1192875</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>BAUD, RAYMOND J 18824 AUTUMN LAKE BLVD HUDSON, FL 34667</b>				7. Name and Address of New Registered Agent <b>ALL FLORIDA FIRM INC</b> Street Address (P.O. Box Number is Not Acceptable) <b>813 Deltona Blvd, Ste A</b> City <b>Deltona</b> <b>FL</b> Zip Code <b>32725</b>	
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. <div style="display: flex; justify-content: space-between;"> <div>           SIGNATURE <u>Devin Newman</u>  <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> </div> <div> <u>3/13/08</u>  <small>DATE</small> </div> </div>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	DP BAUD, RAYMOND J 18824 AUTUMN LAKE BLVD HUDSON, FL 34667	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP BAUD, RAYMOND J 18824 AUTUMN LAKE BLVD HUDSON, FL 34667	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP BAUD, RAYMOND J 18824 AUTUMN LAKE BLVD HUDSON, FL 34667	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP BAUD, RAYMOND J 18824 AUTUMN LAKE BLVD HUDSON, FL 34667	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP BAUD, RAYMOND J 18824 AUTUMN LAKE BLVD HUDSON, FL 34667	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP BAUD, RAYMOND J 18824 AUTUMN LAKE BLVD HUDSON, FL 34667	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP BAUD, RAYMOND J 18824 AUTUMN LAKE BLVD HUDSON, FL 34667	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP BAUD, RAYMOND J 18824 AUTUMN LAKE BLVD HUDSON, FL 34667	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing 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 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: <u>Raymond J Baud</u> <u>4-2-08</u> <small>SIGNATURE AND TYPE FOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					