

2005 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

DOCUMENT # P03000137195

1. Entity Name
RELAY SOFTWARE, INC.



05 APR 18 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1350 E4 MAHAN DR #235
TALLAHASSEE, FL 32308

Mailing Address
1350 E4 MAHAN DR #235
TALLAHASSEE, FL 32308



04132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
27-0072017

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~JAKACH FRANCE, BELINDA~~ ~~703 E TENNESSEE ST~~ ~~TALLAHASSEE, FL 32308~~
LEONARD BOWEN
1650 SUMMIT LAKE DR
TALLAHASSEE FL 32317

DO NOT WRITE
IN THIS SPACE

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 LEONARD BOWEN

4/18/2005

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

00054038487
05/09/05--01014--018 **150.00

10. OFFICERS AND DIRECTORS

TITLE V
NAME BOWEN, LEONARD A
STREET ADDRESS 1350 E4 MAHAN DR #235
CITY-ST-ZIP TALLAHASSEE, FL 32308
1650 SUMMIT LAKE DRIVE SUITE

TITLE P
NAME SCHIMPF, SCOTT A
STREET ADDRESS 1350 E4 MAHAN DR #235
CITY-ST-ZIP TALLAHASSEE, FL 32308
1650 SUMMIT LAKE DR SUITE

TITLE S
NAME CROSS, JAMES R
STREET ADDRESS 1350 E4 MAHAN DR #235
CITY-ST-ZIP TALLAHASSEE, FL 32308
1650 SUMMIT LAKE DR SUITE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DO NOT WRITE
IN THIS SPACE

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/2005 850 219 5710

Date

Daytime Phone #