2005 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P04000009093 03-21-2005 90081 047 ***158.75 RAYNOR FOODS INC. Principal Place of Business Mailing Address 1217 TURTLE HILL CIRCLE 1217 TURTLE HILL CIRCLE S. PONTE VEDRA BEACH, FL 32082 S. PONTE VEDRA BEACH, FL 32082 2. Principal Place of Business 3. Mailing Address 478 STATE ROAD 16 P.O. Box 3248 Suite, Apt. #, etc. /28 Suite, Apt. #, etc. 02182005 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For ST. Augustine, FL ST. Augustine 0150654 90-Not Applicable Country USA Zin Country \$8.75 Additional 5. Certificate of Status Desired 32084 USA 3*2085* Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RAYNOR, CRAIG C Street Address (P.O. Box Number is Not Acceptable) 1217 TURTLE HILL CIRCLE S. PONTE VEDRA BEACH, FL 32082 City Zip Code 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. : (NOTE: Registered Agent eignsture required when reinsizting) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete Addition RAYNOR, CRAIG C NAME NAME STREET ADDRESS 1217 TURTLE HILL CIRCLE STREET ADDRESS CITY-ST-ZIP S. PONTE VEDRA BEACH, FL 32082 CITY-ST-ZIP ☐ Change ☐ Addition TITLE . Delete TITLE RAYNOR, BARBARA H NAME 217 TURTLE HILL CIRCLE STREET ADDRESS STREET ADDRESS S. PONTE VEDRA BEACH, FL 32082 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Chance ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-73P CITY-ST-ZIP 12. Thereby 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

Mar 21, 2005 8:00 am