

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000021843

FILED  
Apr 14, 2005  
Secretary of State

Entity Name: RAY & GLENN ENTERPRISES, INC.

**Current Principal Place of Business:**

P.O. BOX 826  
WEIRSDALE, FL 321950826

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 826  
WEIRSDALE, FL 321950826

**New Mailing Address:**

FEI Number: 20-0689375      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCCLAIN, ROBERT R  
11860 S.E. SUNSET HARBOR RD.  
WEIRSDALE, FL 32195    US

**Name and Address of New Registered Agent:**

MCCLAIN, ROBERT R  
16296 S.E. 105TH AVENUE  
SUMMERFIELD, FL 34491    US

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.

SIGNATURE: ROBERT R. MCCLAIN      04/14/2005  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title:            D            ( ) Delete  
Name:            MCCLAIN, ROBERT R  
Address:        11860 S.E. SUNSET HARBOR RD.  
City-St-Zip:    WEIRSDALE, FL 32195

Title:            D            ( ) Delete  
Name:            NORRIS, GLENN R  
Address:        3051 S.W. 90TH ST.  
City-St-Zip:    OCALA, FL 34476

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:            PTD            (X) Change ( ) Addition  
Name:            MCCLAIN, ROBERT R  
Address:        16296 S.E. 105TH AVENUE  
City-St-Zip:    SUMMERFIELD, FL 34491

Title:            SD            (X) Change ( ) Addition  
Name:            NORRIS, GLENN R  
Address:        3051 S.W. 90TH ST.  
City-St-Zip:    OCALA, FL 34476

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT R. MCCLAIN      PTD      04/14/2005  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date