2005 FOR PROFIT CORPORATION

STREET ADDRESS

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CITY-ST-ZIP

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Mar 25, 2005 8:00 am **ANNUAL REPORT Secretary of State DOCUMENT # P04000054409** 03-25-2005 90032 030 ***150.00 RAYNOR RESTORATION, INC. Principal Place of Business **Mailing Address** 226 8TH AVE. N. 226 8TH AVE. N. ST. PETERSBURG, FL 33701 ST. PETERSBURG, FL 33701 2. Principal Place of Business 3. Mailing Address 226 Stu AVE N. 226 8th AUE N Suite, Apt. #, etc. Suite, Apt. #, etc. 02012005 CR2E034 (10/03) Cho-P City & State City & State 4. FEI Number Applied For 20-0933838 ST. PETERSBURG, FC PETERSBURG ST. Not Applicable Zip 3370 | Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired US 3370 I Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SEELEY, HUGH R JR Street Address (P.O. Box Number is Not Acceptable) 226 8TH AVE. N. ST. PETERSBURG, FL 33701 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. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature sequired when reinstalled) DATE \$5.00 May Be Added to Fees 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. \Box 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. D/P TITLE ☐ Delete TELE ☐ Addition ☐ Change NAME SEELEY, HUGH R JR NAME STREET ADDRESS 226 8TH AVE N STREET ADDRESS CITY-ST-ZIP ST PETERSBURG, FL 33701 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition SEELEY, TARYN F NAME 226 8TH AVE N. STREET ADORESS STREET ACCRESS CITY-ST-ZIP ST. PETERSBURG, FL 33701 CITY-ST-7P TITLE Delete TITLE ☐ Change ☐ Addition NAME MALE STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP TITLE TITLE _ Delete . . . Change - Addition NAME NAME STREET ADDRESS STREET ADDRESS COY-ST-70 CITY-ST-ZIP TITLE Detete TITLE Addition ☐ Change HAME NAME

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■ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Plorida 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, Plorida 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.

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CITY-ST-ZIP

TITLE

NAME

☐ Delete

SIGNATURE: High R. Seelen Q. MARCH 17,05 (727)647-389		SICHATURE/MIC TYPED OR PRI	ITED NAME OF SIGNAGE DIFFICER OR DIRECTOR	Onie	Daysime Phone #
	SIGNATURE: _	7 10 70, 7	Seelen A.	MARCH 17,05	(727)647-389