


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000107699
 1. Entity Name
RAY A. CHEATWOOD, INC.



Principal Place of Business Mailing Address
710 HIGH VISTA DR **710 HIGH VISTA DR**
DAVENPORT, FL 33837 **DAVENPORT, FL 33837**

DO NOT WRITE IN THIS SPACE



01162006 No Chg-P CR2E034 (11/05)
 4. FEI Number Applied For
20-1373221 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CHEATWOOD, RAY A
710 HIGH VISTA DR
DAVENPORT, FL 33837

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 _____ DATE _____
Signature, typed or printed name of registered agent and (if applicable, (NOTE: Registered Agent signature required when reinstating))

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CHEATWOOD, RAY A
STREET ADDRESS	710 HIGH VISTA DR
CITY-ST-ZIP	DAVENPORT, FL 33837
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 04/26/06-80092-002 158.75

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:  **RAY CHEATWOOD** 4-8-06 863-604-0597
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #