

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 10, 2006 08:00 A
Secretary of State

DOCUMENT # P04000151144

1. Entity Name
RAYMEL ENTERPRISES INC.



Principal Place of Business
**917 STOCKPORT DRIVE
KISSIMMEE, FL 34728 US**

Mailing Address
**917 STOCKPORT DRIVE
KISSIMMEE, FL 34728 US**



07062006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1839958

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**FRAZIER, RAYMOND
917 STOCKPORT DRIVE
KISSIMMEE, FL 34728**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000574050
08/10/06-80004-020 550.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P, D
FRAZIER, RAYMOND
917 STOCKPORT DRIVE
KISSIMMEE, FL 34728**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP D
FRAZIER, MELODY
917 STOCKPORT DRIVE
KISSIMMEE, FL 34728**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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:

Raymond Frazier

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/06

Date

407-846-2151

Daytime Phone #