


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 09, 2006 8:00 am  
Secretary of State

01-12-2006 90195 032 \*\*\*150.00

DOCUMENT # P04000156987			
1. Entity Name RAY-LIN ENTERPRISES OF SOUTH FLORIDA, INC			
Principal Place of Business 1263 MASANABO LANE FT MYERS, FL 33919 US		Mailing Address 1263 MASANABO LANE FT MYERS, FL 33919 US	
2. Principal Place of Business 12657 New Brittany Blvd.		3. Mailing Address 12657 New Brittany Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Ft. Myers, FL		City & State Ft. Myers FL	
Zip 33907		Zip 33907	
Country USA		Country USA	
4. FEI Number APPLIED FOR 57-1214661		Applied For Not Applicable	
5. Certificate of Status Desired		8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOHNSON, RAYMOND A 1263 MASANABO LANE FT MYERS, FL 33919		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JOHNSON, RAYMOND A 1263 MASANABO LANE FT MYERS, FL 33919 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JOHNSON, LINDA R 1263 MASANABO LANE FT MYERS, FL 33919 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 an other like empowered.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			



ATTACHMENT

66000951

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 19, 2006

RAY-LIN ENTERPRISES OF SOUTH FLORIDA, INC  
12657 NEW BRITTANY BLVD  
FORT MYERS, FL 33907 US

Subject: RAY-LIN ENTERPRISES OF SOUTH FLORIDA, INC

Reference Number: P04000156987

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Because our records reflect the above referenced entity previously applied for its Federal Employer Identification (FEI) Number, it must now include its FEI number on the annual report/uniform business report or attach a photocopy of the FEI number application to the document before we can complete your filing.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION