


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2008 08:00 A
Secretary of State

DOCUMENT # P05000012290 1. Entity Name RAY'S CONDO SERVICE, INC.	
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Principal Place of Business 760 BENTWATER CIRCLE #201 NAPLES, FL 34108	Mailing Address 760 BENTWATER CIRCLE #201 NAPLES, FL 34108
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DO NOT WRITE IN THIS SPACE



04122008 No Chg-P CR2E034 (11/05)

4. FEI Number 55-0889978	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

O'KEEFE, RAYMOND W
760 BENTWATER CIR
#201
NAPLES, FL 34108

**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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD O'KEEFE, RAYMOND W 760 BENTWATER CIRCLE #201 NAPLES, FL 34108
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04/29/08-80026-014 150.00

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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 W. O'KEEFE PRESIDENT 4/12/08 239-593-0857
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #