


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90180 014 ***150.00

DOCUMENT # P05000029808					
1. Entity Name RAY-LEE'S FABRICATION, INC.					
Principal Place of Business 142 KRAFT AVENUE PANAMA CITY, FL 32401 US			Mailing Address 142 KRAFT AVENUE PANAMA CITY, FL 32401 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 36-4570498 Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
5. Certificate of Status Desired <input type="checkbox"/>				04132006 Chg-P CR2E034 (11/05) \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GRISSETT, CAROL L 142 KRAFT AVENUE PANAMA CITY, FL 32401				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: <u>Carol L. Grissett</u> CAROL L. GRISSETT <u>4/26/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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					
TITLE	P	<input type="checkbox"/> Delete			
NAME	GRISSETT, CAROL L				
STREET ADDRESS	142 KRAFT AVENUE				
CITY-ST-ZIP	PANAMA CITY, FL 32401				
TITLE	VP	<input type="checkbox"/> Delete			
NAME	GRISSETT, JIMMY R				
STREET ADDRESS	142 KRAFT AVENUE				
CITY-ST-ZIP	PANAMA CITY, FL 32401				
TITLE	S/T	<input type="checkbox"/> Delete			
NAME	GRISSETT, CAROL L				
STREET ADDRESS	142 KRAFT AVENUE				
CITY-ST-ZIP	PANAMA CITY, FL 32401				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	Jimmy R. Grissett				
STREET ADDRESS	142 Kraft Ave.				
CITY-ST-ZIP	Panama City, FL 32401				
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	Carol L. Grissett				
STREET ADDRESS	142 Kraft Ave., Panama City, FL 32401				
CITY-ST-ZIP					
TITLE	S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	Julie Grant				
STREET ADDRESS	142 Kraft Ave., Panama City, FL 32401				
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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: <u>Carol L. Grissett</u>		<u>4/26/06</u> <u>850-785-7454</u> <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small>			
CAROL L. GRISSETT					