

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P05000113990

1. Entity Name  
PRAY & ASSOCIATES, INC.



**FILED**  
**Jun 20, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business  
1015 WEST 1ST. STREET  
SANFORD, FL 32771 US

Mailing Address  
1015 WEST 1ST. STREET  
SANFORD, FL 32771 US



06162008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-3318276

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

PRAY, JACQUELINE  
1015 WEST 1ST. STREET  
SANFORD, FL 32771

**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 12, 2008**

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P  
PRAY, JACQUELINE  
1015 WEST 1ST. STREET  
SANFORD, FL 32771

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VP  
HATCH, MARK  
1015 WEST 1ST. STREET  
SANFORD, FL 32771

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

U00000953296  
06/20/08-80002-008 550.00

**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:**

*Jacqueline Pray* President 6/16/08 407-936-1671

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #