



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-27-2006 90183 020 \*\*\*150.00

<b>DOCUMENT # P05000127615</b> 1. Entity Name <b>DAVID RAY LANDSCAPING INC</b>					
Principal Place of Business <b>6280 GOLF AVENUE</b> <b>PT SAINT JOHN, FL 32927 US</b>			Mailing Address <b>6280 GOLF AVENUE</b> <b>PT SAINT JOHN, FL 32927 US</b>		
2. Principal Place of Business <b>6280 GOLFVIEW Avenue</b> Suite, Apt. #, etc.		3. Mailing Address <b>6280 GOLFVIEW AVE</b> Suite, Apt. #, etc.			
City & State		City & State		03042006 Chg-P CR2E034 (11/05)	
Zip Country		Zip Country		4. FEI Number <b>20-3480722</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>RAY, DAVID</b> <b>6280 GOLF AVENUE</b> <b>PT SAINT JOHN, FL 32927</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>6280 GOLFVIEW AVENUE</b> City <b>FL</b> 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><b>DAVID B. RAY</b></u> <b>DAVID B. RAY</b> <b>4/20/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	P RAY, DAVID 6280 GOLF AVENUE PT SAINT JOHN, FL 32927	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>6280 GOLFVIEW AVENUE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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 all other like empowered.					
SIGNATURE: <u><b>DAVID B. RAY</b></u> <b>DAVID B. RAY</b> <b>4/24/06</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date Daytime Phone #		