## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 19, 2007 8:00 am Secretary of State DOCUMENT # P06000055073 1. Entity Name 04-19-2007 90408 047 \*\*\*150.00 RAYNAT ENTERPRISES, INC Principal Place of Business Mailing Address 3101 FAIRLANE FARMS ROAD 3101 FAIRLANE FARMS ROAD SUITE 8 **WELLINGTON FL 33414** WELLINGTON FL 33414 2. Principal Place of Business - No P.O. Box # 3101 FAIRLANE FARMS 3. Mailing Address 3101 FAIRLANE FARMS RO 1st MOORE CR2E034 (10/06) City & State 4. FEI Number 20-2142181 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ANDERSON, ROBERT 5441 KIETZKE LANE RENO, NV FL 89511 3101 FAIRLANE FARMS 8. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agon (NOTF, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. THE ☐ Delete HHE Change CORD, RAYMOND C NAM NAME 3101 FAIRLANE FARMS ROAD, SUITE 8 STREET LADDRESS SIBLL LADDRESS WELLINGTON FL 33414 CITY-ST-7IP CITY SI ZIP TITLE ☐ Delete DTE Change Addition NAMI NAMI STREET ADDRESS STREET ADDRESS CHY-SI-7IP CHY SL ZIP TITLE Delete THU Change Addition NAME NAMi STREET ADDRESS STRUCT ADDRESS CITY ST-ZIP CHY SI-ZIP ☐ Delete 11111 Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY ST-ZIP CHY ST ZIP ☐ Delete Addition 1111.8 Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY ST ZIP MILL ☐ Delete ши Change ■ Addition NAM NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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 attackment with an address, with all other like empowered.

**FILED**