


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90047 047 \*\*\*150.00

**DOCUMENT # P24137**  
 1. Entity Name  
**RAY GLASS BATTERIES, INC.**



Principal Place of Business: **1506 EAST JACKSON STREET THOMASVILLE, GA 31792-3998**  
 Mailing Address: **1506 EAST JACKSON STREET THOMASVILLE, GA 31792-3998**

**40002347**



2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.

01132005 Chg-P CR2E034 (10/03)

City & State: \_\_\_\_\_  
 Zip: \_\_\_\_\_ Country: \_\_\_\_\_

4. FEI Number: **58-1449137** Applied For:  Not Applicable  
 5. Certificate of Status Desired:  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**  
**GLASS, ROBBY**  
**3210 APALACHEE PARKWAY**  
**TALLAHASSEE, FL 32301**

**7. Name and Address of New Registered Agent**  
 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

|  |                                 |
|--|---------------------------------|
| TITLE: PD<br>NAME: GLASS, B. RAY<br>STREET ADDRESS: 188 PATTERSON STILL SPUR EAST<br>CITY-ST-ZIP: THOMASVILLE, GA        | <input type="checkbox"/> Delete |
| TITLE: VD<br>NAME: GLASS, BOBBY RAY, JR.<br>STREET ADDRESS: 499 FREDONA ROAD<br>CITY-ST-ZIP: THOMASVILLE, GA             | <input type="checkbox"/> Delete |
| TITLE: STD<br>NAME: GLASS, VIVIEN W.<br>STREET ADDRESS: 188 PATTERSON STILL SPICE E. ST.<br>CITY-ST-ZIP: THOMASVILLE, GA | <input type="checkbox"/> Delete |
| TITLE: _____<br>NAME: _____<br>STREET ADDRESS: _____<br>CITY-ST-ZIP: _____   | <input type="checkbox"/> Delete |
| TITLE: _____<br>NAME: _____<br>STREET ADDRESS: _____<br>CITY-ST-ZIP: _____   | <input type="checkbox"/> Delete |
| TITLE: _____<br>NAME: _____<br>STREET ADDRESS: _____<br>CITY-ST-ZIP: _____   | <input type="checkbox"/> Delete |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|  |  |
|--|--|
| TITLE: _____<br>NAME: _____<br>STREET ADDRESS: _____<br>CITY-ST-ZIP: _____   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE: _____<br>NAME: _____<br>STREET ADDRESS: 499 Fredonia Road<br>CITY-ST-ZIP: _____                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: _____<br>NAME: _____<br>STREET ADDRESS: 188 Patterson Still Spur East<br>CITY-ST-ZIP: Thomasville, GA 31757 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: _____<br>NAME: _____<br>STREET ADDRESS: _____<br>CITY-ST-ZIP: _____   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE: _____<br>NAME: _____<br>STREET ADDRESS: _____<br>CITY-ST-ZIP: _____   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE: _____<br>NAME: _____<br>STREET ADDRESS: _____<br>CITY-ST-ZIP: _____   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 I am empowered.

SIGNATURE: *Vivien W. Glass* **1/13/05** **229-226-6215**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #