


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 07, 2008 08:00 A
Secretary of State

DOCUMENT # P24137 1. Entity Name RAY GLASS BATTERIES, INC.	
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Principal Place of Business 1506 EAST JACKSON STREET THOMASVILLE, GA 31792-3998	Mailing Address 1506 EAST JACKSON STREET THOMASVILLE, GA 31792-3998
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01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-1449131	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GLASS, ROBBY
3210 APALACHEE PARKWAY
TALLAHASSEE, FL 32301

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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	PD GLASS, B. RAY 188 PATTERSON STILL SPUR EAST THOMASVILLE, GA 31757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GLASS, BOBBY RAY, JR. 499 FREDONIA RD THOMASVILLE, GA 31757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GLASS, VIVIEN W. 188 PATTERSON STILL SPUR EAST THOMASVILLE, GA 31757
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01/07/08-80022-005 150.00

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: *Robby Glass* 1/4/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #