


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 17, 2005 .08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P93000055532</b> 1. Entity Name <b>JAN-RAY, INC.</b>	
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02092005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3196517</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

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

**MADDOX, RAYMOND E**  
**6210 ORANGE COVE DR**  
**ORLANDO, FL 32819**

**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 \$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 NAME STREET ADDRESS CITY-ST-ZIP	VPSD MADDOX, RAYMOND E 6210 ORANGE COVE DR ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MADDOX, JOHANNA P 6210 ORANGE COVE DR ORLANDO, FL 32819
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000000232747  
02/17/05-80014-018 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 like empowered.

**SIGNATURE:** *Jan-Ray, Inc. d/b/a Kimmy Prep Academy*  
*Johanna P. Maddox, President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*02/14/05*

Date

*(407) 658-4563*

Daytime Phone #