

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000060211**

1. Entity Name  
**RAYCO AUTO ELECTRIC INC.**



Principal Place of Business  
**8675 N. PALAFOX STREET  
PENSACOLA, FL**

Mailing Address  
**8675 N. PALAFOX STREET  
PENSACOLA, FL**



04222005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3200279**

Applied For  
Not Applied

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

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

**TURNER, JAMES R SR.  
827 N. 65TH AVENUE  
PESACOLA, FL 32506**

**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**

**000000351239  
05/02/05-80137-003 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PST  
TURNER, JAMES R  
827 N. 65TH AVE  
PENSACOLA, FL 32506**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
PRICE, KEVIN A  
4745 LIVEOAK LANE  
PACE, FL 32571**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
BROADHEAD, HOWARD MICHAEL  
413 BUNKER HILL DRIVE  
PENSACOLA, FL 32501**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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)(f), 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, or on an attachment with an address, with all other like empowered.

SIGNATURE: *James R. Turner* 4-29-05 850-476-5404