2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P93000087061

1. Entity Name

RAY WOODS, INC.

Principal Place of Business	Mailing Address
9420 LAZY LANE B-18 TAMPA, FL 33614 US	9420 LAZY LANE B-18 TAMPA, FL 33614 US

DO NOT WRITE IN THIS SPACE

04132004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3214970	Not Applicable

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

6. Name and Address of Current Registered Agent

WOODS, RAY
200 87TH AVE. N.
ST PETERSBURG, FL 33704

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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 renewing)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2004 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000116364 04/16/04-80061-019 158.75

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	WOODS, RAY A
STREET ADDRESS	9215 LAZY LANE
CITY-ST-ZIP	TAMPA, FL 33814
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____   4-14-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #