## FILED Jun 04, 2008 8:00 am Secretary of State 05-08-2008 90026 038 \*\*\*150.00

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## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P9	3000087061				
1. Entity Name RAY WOODS, INC.					
Principal Place of Business	Mailing Address		66013112		
8511 WOODBRIDGE BLVD	8511 WOODBRIDGE BL	vn ·			
TAMPA, FL 33615 US		JS .,	· ·		
		*		~	
		•		110	
2. Principal Place of Business - No.	P.O. Box # 3. Mailing Address	Lower DR			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	ever DK.	4		
Jone, Apr. 4, 665.	J 30.10, Apr. 4, 810.	)	05042008 Chg-P CR2E034 (12/06)		
SPRING Hill F	City & State  SPRING Hill	FL	4. FEI Number Applie 59-3214970 Not Ap	d For	
2, Zip, Country	1 30,10	Country /	5. Certificate of Status Desired \$8.75 Addition	nai	
24610 US	134601_	USH _	Fee Required	_	
6. Name and Add	ress of Current Registered Agent	Name	7. Name and Address of New Registered Agent		
EPPS. AUDREY		Norm			
2927 ROGERS AVENUE		Street Address (	Street Address (P.O. Box Number is Not Acceptable)		
TAMPA, FL 33611					
		City	FL Zip Code		
The above named entity submits the obligations at registered agent	this statement for the surpose of changing its i	registered office or register	red egent, or both, in the State of Florida. I am familiar with, and	accept	
SIGNATURE_	· .				
Signature, types ar printed nan	ne of mittratuest agant and rote Manotoable. (NOTE:	Registered Agent signature required	d when reinstating) DATE		
FILE NOW!!! FEE IS Due by September			.00 May Be In accordance with s. 607.193(2)(b), F.S. corporation did not receive the prior notice	., the	
10.	OFFICERS AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	11	
янь Р	☐ Deteta	true		Addition	
KAME WOODS, RAY A		NAME		_	
STREET ADDRESS 8511 WOODBRIDG		STREET ADORESS			
DIV-ST-ZIP TAMPA, FL 33615	<del></del>	CITY-ST-ZIP			
TIFLE NAME	C Octobe	INCE	☐ Change ☐	Addition	
STREET ACCHESS		NAME STREET ADDRESS			
CITY-ST-ZIP	• •	CITY-ST-ZIP			
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NAME		NAME "			
STREET ADORESS		STREET ADORESS			
CITY-ST-ZP		CITY-ST-ZIP			
TITLE NAME	☐ Delete	TITLE	☐ Change ☐	Addition	
STREET ADDRESS		NAME STREET ADDRESS			
City-S1-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	Channe (1)	Addition	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY+ST-ZIP			
TITLE	☐ Delete	TITLE	Change []	Addition	
NAME		HAME			
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS		- 1	
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12 I harahy cartify that the informati		wie evenibaciez coursiyeq	A MI CHEPRON IND, FICHOLD SIBILIES, I RURINGE CORRY LINE INDOMI	KATIKALI	
12. I hereby certify that the information indicated on this report of supple	emental report is true and accurate and that m	y signature shall have the s	same legal effect as it made under cath; that I am an officer or di	rector	
<ol> <li>I hereby certify that the information indicated on this report or stipple of the corporation or the receiver changed, or on an effective at which is a stacking at which i</li></ol>	amental reports true and accurate and that m or frustee ampowered to executa this report a ith an audiress, with all other life empowered.	y signature shall have the s svequired by Chapter 607	same legal effect as if made under cath; that I am an officer or di 7, Florida Stalutes; and that my name appears in Block 10 or Bloc 10, page 11, page 12,	rector :k 11 if	
	amental reports true and accurate and that m or frustee ampowered to execute this report a fith an appress, with all other life empowered	y signature shall have the a Byequired by Chapter 607	t in Chapter 119, Florida Statutes. I turther certify that the inform same legal effect as if made under cath; that I am an officer or dir, Florida Statutes; and that my name appears in Block 10 or Block.	rector ck 11 if	
SIGNATURE:		y signature shall have the s prequired by Chapter 607 R DIRECTOR	same legal effect as if made under cath; that I am an officer or dir., Florida Stalutes; and that my name appears in Block 10 or Block 5/5/08 3.52 -7.54 - 8	rector :k 11 if 855	