

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2004 08:00 AM
Secretary of State

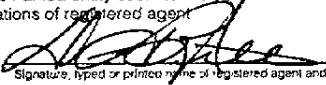
DOCUMENT # P94000048852 1. Entity Name RAY DISTRIBUTING COMPANY	
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Principal Place of Business 7014 A C SKINNER PARKWAY SUITE 290 JACKSONVILLE, FL 32256 US	Mailing Address 7014 A C SKINNER PARKWAY SUITE 290 JACKSONVILLE, FL 32256 US
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03242004 No Chg-P	CR2E034 (10/03)
4. FEI Number 59-3252487	Applied For Not Applicable
5. Certificate of Status Desired XX	\$8.75 Additional Fee Required

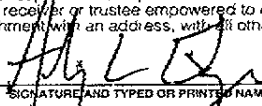
6. Name and Address of Current Registered Agent MILLER, DONNA A 7014 A C SKINNER PARKWAY SUITE 290 JACKSONVILLE, FL 32256	DO NOT WRITE IN THIS SPACE
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE 	Donna A. Miller	3/24/04
(NOTE: Registered Agent signature required when reinstating)		

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	U000000104540 04/06/04-80016-011 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAY, JR. J 7014 A C SKINNER PKWY, SUITE 290 JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP FRANCIS, JAMES D 7014 A C SKINNER PKWY, SUITE 290 JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MILLER, DONNA A 7014 A C SKINNER PKWY, SUITE 290 JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EDGE, AUBREY L 7014 A C SKINNER PKWY, SUITE 290 JACKSONVILLE, FL 32256
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)(b), 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: 	Aubrey L. Edge, Pres. (904)596-3200	Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		