

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000048852		
1. Entity Name RAY DISTRIBUTING COMPANY		

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
---	---

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent MILLER, DONNA A 7014 A C SKINNER PARKWAY SUITE 290 JACKSONVILLE FL 32256	
--	--

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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.

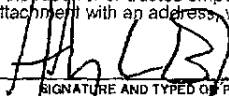
SIGNATURE	(NOTE: Registered Agent signature required when reinstating)	DATE
-----------	--	------

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	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	D RAY, JR. J 7014 A C SKINNER PKWY, SUITE 290 JACKSONVILLE FL 32256 ☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP FRANCIS, JAMES D 7014 A C SKINNER PKWY, SUITE 290 JACKSONVILLE FL 32256 ☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MILLER, DONNA A 7014 A C SKINNER PKWY, SUITE 290 JACKSONVILLE FL 32256 ☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P EDGE, AUBREY L 7014 A C SKINNER PKWY, SUITE 290 JACKSONVILLE FL 32256 ☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	U000000257096 03/09/05-80041-006 158.75 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

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 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: 	Aubrey L. Edge, Pres. 3/7/05 904/596-3200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #