


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90075 026 \*\*\*150.00

<b>DOCUMENT # P96000101430</b> 1. Entity Name <b>RAYBURN BUILDING, INC.</b>			
Principal Place of Business <b>6106 SEMINOLE BLVD SEMINOLE, FL 33772</b>		Mailing Address <b>6106 SEMINOLE BLVD SEMINOLE, FL 33772</b>	
2. Principal Place of Business <b>8741 Bay Pointe Dr.</b> Suite, Apt. #, etc.		3. Mailing Address <b>8741 Bay Pointe Dr.</b> Suite, Apt. #, etc.	
City & State <b>Tampa, FL</b> Zip <b>33615</b>		City & State <b>Tampa, FL</b> Zip <b>33615</b>	
4. FEI Number <b>59-3399264</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>TWEDT, BLAKE</b> <b>6106 SEMINOLE BLVD</b> <b>SEMINOLE, FL 33772</b>		7. Name and Address of New Registered Agent Name <b>TWEDT, BLAKE</b> Street Address (P.O. Box Number is Not Acceptable) <b>8741 Bay Pointe Dr.</b> City <b>Tampa</b> <b>FL</b> Zip Code <b>33615</b>	
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 <u><i>Blake L Twedt</i></u> <u><i>Blake L Twedt</i></u> <u><i>3-9-04</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>P</b> NAME <b>TWEDT, BLAKE</b> STREET ADDRESS <b>6106 SEMINOLE BLVD</b> CITY-ST-ZIP <b>SEMINOLE, FL 33772</b>	<input type="checkbox"/> Delete	TITLE <b>P</b> NAME <b>TWEDT, BLAKE</b> STREET ADDRESS <b>8741 Bay Pointe Dr.</b> CITY-ST-ZIP <b>Tampa, FL. 33615</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>P Blake L Twedt</i></u> <u><i>Blake L Twedt</i></u> <u><i>3-9-04</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u><i>3-9-04</i></u> Daytime Phone # <u><i>813-785-6998</i></u>	