2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)

	ANNUAL R	EPORT (AR)	_~ <u>\</u> _	_ FILED
DOCUMENT # P97000032257 1. Entity Name RAE-ALLAN CORPORATION		57	A T	Jan 28, 2004 08:00 AM Secretary of State
RAE-ALL	AN CORPORATION			
Principal Plac	e of Business	Mailing Address		
	NGTON AVE. ARK FL 32065	890 WASHINGTON AVI ORANGE PARK FL 320		
2. Principal P	lace of Business	3. Mailing Address		
Suite, Apt.	#, etc.	Suite. Apt. #, etc.		MOORE CR2E034 (11/03)
City & Stat	е	City & State		4. FEI Number 59-3437760 Applied For Not Applied by
Zip	Country	Zıp	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent	No	7. Name and Address of New Registered Agent
WILLIAMS, GRADY H JR		Name		
1279 KINGSLEY AVENUE SUITE 117			Street Add	dress (P,O Box Number is Not Acceptable)
ORANGÉ PARK FL 32073			-	
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 acce				
the obligat	named entry sources this statement to lons of registered agent.	r the purpose of changing its r	egistered onice or re	egistered agent, or both, in the state of Horida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered egont a	and title if applicable (NOTE	Rogistered Agent signature	required when reinstang} DATE
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2004 Fee will be \$550.00 c Payable to Florida Department of	State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
nne	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MORRIS, JEAN R		NAME	U00000018003
STREET ADDRESS CITY - ST - ZIP	890 WASHINGTON AVE. ORANGE PARK FL 32065		STREET ADDRESS CITY-ST-ZIP	01/28/04-80118-013 150.00
TITLE NAME	D MORRIS, DONALD A	☐ Defete	TRILE NAME	☐ Change ☐ Addition
STREET ADDRESS	890 WASHINGTON AVE.		STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL 32065	☐ Delete	CITY-ST-ZIP	☐ Change ☐ Addition
NAME		CT Delete	NAME	Change Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY+ST+ZIP	_
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS	
CITY - ST - ZIP			CITY-S7-ZIP	
TITLE NAME		☐ Delete	18ELE	☐ Change ☐ Addition
STREET ADDRESS			NAME STREET ADDRESS	
CITY-ST-ZIP			CHTY+ST-ZIP	
TITLE NAME		☐ Defete	TITLE	☐ Change ☐ Addition
STREET ADDRESS			NAME STREET ADDRESS	
CRTY-ST-ZBP			CITY-ST-ZIP	
12. I hereby o	certify that the information supplied with	this filing does not qualify for	the exemption states	d in Section 119 07(3)(i) Florida Statutos I further certifu that the information

12. Thereby certify that the Information supplied with this filling does not duality for the exemption stated in Section 119.07(3)(i), Florida Statutes. If further certify that it am an officer or director 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:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

Date

Date