

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2005 8:00 am
Secretary of State

07-25-2005 90106 044 ***150.00

20065406



07132005 Chg-P CR2E034 (10/03)

4. FEI Number **59-3465772** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ZIEGLER, DIANE
14407 BRONTE COURT
HUDSON, FL 34667

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 \$550.00
Due by September 7, 2005

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	PD ZIEGLER, DIANE 14407 BRONTE CT HUDSON, FL 34667	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ZIEGLER, RAY 14407 BRONTE CT HUDSON, FL 34667	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ZIEGLER, DENNIS 14407 BRONTE CT HUDSON, FL 34667	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ZIEGLER, AARON 14407 BRONTE CT HUDSON, FL 34667	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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: **RAYMOND ZIEGLER** *Raymond Ziegler* VP 7/22/05 727 868 4380
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

#P97 000062257
20065406

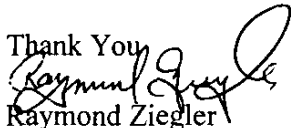
July 22, 2005

Subject: Annual Report late fee

On March 16 2005 I filed the annual corporation report on line with the 150.00 payment by credit card. We did not know that the report was not received by the Department of State. The letter we received the on July 1 2005 was the only time we were made aware of this problem.

We would like to have the 400.00 dollar late fee waived if possible. I have no idea what happen this time, I have filed on line before with no problem. Thank you for your consideration in this matter

Thank You



Raymond Ziegler
Vice President

ATTACHMENT



26045400

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

July 13, 2005

RAY TECH ENTERPRISES, INC.
14407 BRONTE COURT
HUDSON, FL 34667

SUBJECT: RAY TECH ENTERPRISES, INC.
Ref. Number: P97000062257

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/reinstatement application form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

The fee to file the profit annual report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

The only provision the Division of Corporations has for waiver of the \$400.00 late fee is if the annual report notice was not received. A letter stating this fact must accompany the completed annual report.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Sean Toner
Senior Section Administrator

Letter Number: 405A00046248



Division of Corporations

20065406

Annual Report

[Annual Report Help](#)

Document Number

P97000062257

Business Entity Name

RAY TECH ENTERPRISES, INC.

☐ After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if filing after May 1st and notice was not received.

FEI Number

593465772

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ Current

Certificate of Status Desired

☐ Yes ☒ No \$8.75 each

Election Campaign Financing Trust Fund Contribution

☐ Yes ☒ No

Principal Place of Business

Address

14407 BRONTE COURT

Suite, Apt. #, etc.

City, State

HUDSON

FL

Zip Code & Country

34667

Mailing Address

Address

14407 BRONTE COURT

Suite, Apt. #, etc.

City, State

HUDSON

FL

Zip Code & Country

34667

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

ZIEGLER

DIANE

-or- RA Business Name

Address (PO Box is not acceptable)

14407 BRONTE COURT

Suite, Apt. #, etc.

City, State

HUDSON

FL

Zip Code & Country

34667

US

If there is a change in registered agent, the new agent will need to type their name

ATTACHMENT

99700006257

20065406

in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name And Address

Title PD
Name (Last, First, Middle, Title) ZIEGLER, DIANE
-or- Entity Name
Street Address 14407 BRONTE CT
City, State HUDSON, FL
Zip Code & Country 34667

Title VP
Name (Last, First, Middle, Title) ZIEGLER, RAY
-or- Entity Name
Street Address 14407 BRONTE CT
City, State HUDSON, FL
Zip Code & Country 34667

Title S
Name (Last, First, Middle, Title) ZIEGLER, DENNIS
-or- Entity Name
Street Address 14407 BRONTE CT
City, State HUDSON, FL
Zip Code & Country 34667

Title T
Name (Last, First, Middle, Title) ZIEGLER, AARON
-or- Entity Name
Street Address 14407 BRONTE CT
City, State HUDSON, FL
Zip Code & Country 34667

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P97000062257 26065400

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

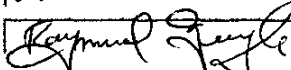
Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

VP



This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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