


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90071 039 ***150.00

DOCUMENT # P98000013213 1. Entity Name RAYCORP, INC.	
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Principal Place of Business 516 EAST SECOND ST. LYNN HAVEN, FL 32444	Mailing Address 516 EAST SECOND ST. LYNN HAVEN, FL 32444
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DO NOT WRITE IN THIS SPACE



04272008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3494126	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ISLER, CHARLES S III
434 MAGNOLIA AVE.
PANAMA CITY, FL 32401

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS


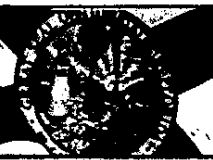
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST RAY, ELIZABETH D 516 EAST SECOND ST. LYNN HAVEN, FL 32444
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **4/29/08** **850.832.4480**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT
40088003

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Document Number P98000013213
Business Entity Name RAYCORP, INC.

FEI Number 59 - 3494126

FEI Number Status Listed Above Applied For Not Applicable

Certificate of Status ☐ \$8.75 (Optional)

Election Campaign Financing Trust Fund Contribution Yes No

Principal Place of Business

Address 516 EAST SECOND ST. (PO Box not acceptable)
Suite, Apt. #, etc.
City, State LYNN HAVEN , FL
Zip Code & Country 32444

Mailing Address

If your mailing address is the same as the principal address above, please check the box below. Otherwise, enter your mailing address.

☐ Mailing address same as principal address

Address 516 EAST SECOND ST.
Suite, Apt. #, etc.
City, State LYNN HAVEN , FL
Zip Code & Country 32444

Name And Address of Registered Agent

Name (Last, First, Middle, Title) ISLER , CHARLES , S , III
- OR -
Business to serve as RA

Street Address In Florida 434 MAGNOLIA AVE. (PO Box not acceptable)
Suite, Apt. #, etc.
City, State PANAMA CITY , FL

ATTACHMENT
40088003

Zip Code & Country

32401

US

#P98000013213

If there is a change in registered agent, the new agent will need to type their name 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**Name And Address #1**

Title

PVST

Name (Last, First, Middle, Title)

RAY

, ELIZABETH

, D

- OR -

Entity Name to serve as Officer/Director

Street Address

516 EAST SECOND ST.

City, State

LYNN HAVEN

, FL

Zip Code & Country

32444

Name And Address #2

Title

D

Name (Last, First, Middle, Title)

RAY

, ELIZABETH

, D

- OR -

Entity Name to serve as Officer/Director

Street Address

516 EAST SECOND ST.

City, State

LYNN HAVEN

, FL

Zip Code & Country

32444

Name And Address #3

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country