## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 06, 2005 8:00 am Secretary of State

ANNUAL REPORT					Secretary of State			
DOCUI 1. Entity Nam RAYGIN,		3444				5 90118 013 ***1:		
Principal Plac	e of Business	Mailing Address			2	0027238		
1712 RUSSE Middlebur(		P: <del>O. BOX 2263*</del> MIDDLEBURG; FL-32050	)		- (m) (m) (m) (m) (m) (m) (m) (m)			
2. Principal Place of Business		3. Mailing Address	11 Roac	<u>)                                    </u>				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04042005	04042005 Chg-P CR2E034 (10/03)			
City & State	2	City & State	FL	4. FEI Numb		<b>⊢</b>	Applied For Not Applicable	
Zip	Country	<sup>Zip</sup> 320/00	-Country IJSA		of Status Desired	¢9.75 .	Additional	
**************************************	6. Name and Address of Current	Registered Agent	<u> </u>	7. Name and	Address of New	Registered Agent		
	*		Name					
TATUM, RAYMOND J 1712 RUSSEŁL ROAD			Street Add	Street Address (P.O. Box Number is Not Acceptable)				
1	JRG, FL 32068		-					
			City			FL Zip C	ode	
	named entity submits this statement for	or the purpose of changing its re	egistered office or re	egistered agent, or bo	oth, in the State of	Florida. I am familiar wi	th, and accept	
ine oongal								
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable (NOTE: F	Registered Agent signature	e required when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.	9. Election Campaign Trust Fund Contrib		\$5.00 May Be Added to Fees				
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS	/CHANGES TO O	FFICERS AND DIRECTO	ORS IN 11	
TITLE	D D	Delete	TITLE			☐ Chang	e 🗌 Addition	
NAME Street Address	TATUM, RAYMOND J 250 FOXTAIL AVENUE		NAME STREET ADDRESS	1908 120	terbury	Lane.		
CITY-ST-ZIP	MIDDLEBURG, FL 32068		CITY-ST-ZIP	Canose	Park. F	- 32003	5	
TITLE	D	☐ Delete	URE			LONE - <u>32003</u>	e 🔲 Addition	
NAME	TATUM, GINGER S		NAME STREET ADDRESS	1808 Was	exhuru	Lane		
STREET ADDRESS CITY-ST-ZIP	MIDDLEDURG, FL 32068			Orange F	OCK C	32003		
TITLE		Delete	TITLE	Crange 1	<u>wiri, Pi</u>	Chang	e 🗍 Addition	
NAME		<b>2</b> 24.44	NAME			<b>_</b>		
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP					
CITY-ST-ZIP		☐ Delete	TITLE			Chang	ge 🔲 Addition	
NAME		Last Delete	NAME			[ Chang	le 🗀 vooriii)ii	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-S1-ZIP					
TITLE NAME		☐ Delete	TITLE NAME			☐ Chang	ge 🔲 Addition	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Chang	ge 🔲 Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
42   1	certify that the information supplied wit	h this filips does not qualify for t	be everantian state	d in Section 110 07/2	(i) Florida Chausa	and threetons and threetons at	- information	

12. I hereby certify that the information supplied with this filling 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 dexecute 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 an other like empowered.

SIGNATURE:

GNAPORE AND FRED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR—

4-4-05

904-291-224

Daytime Phone #