

**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

02-06-2008 90025 006 \*\*\*150.00

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                              |                                                                                                                                      |                                                                   |
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| <b>DOCUMENT # P99000007543</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                              |                                                     |                                                                   |
| 1. Entity Name<br><b>RAYBURN ENTERPRISES INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                              |                                                                                                                                      |                                                                   |
| Principal Place of Business<br><b>224 GUN CLUB RD<br/>JACKSONVILLE, FL 32218 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                              | Mailing Address<br><b>224 GUN CLUB RD<br/>JACKSONVILLE, FL 32218 US</b>                                                              |                                                                   |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                              | 3. Mailing Address                                                                                                                   |                                                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                              | Suite, Apt. #, etc.                                                                                                                  |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                              | City & State                                                                                                                         |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                                                                      | Zip                                                                                                                                  | Country                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                              | 4. FEI Number<br><b>59-3553921</b>                                                                                                   |                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                              | Applied For<br>Not Applicable                                                                                                        |                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                              | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional</b><br>Fee Required                                   |                                                                   |
| 6. Name and Address of Current Registered Agent<br><b>RAYBURN, JIMMIE<br/>224 GUN CLUB RD<br/>JACKSONVILLE, FL 32218</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                              | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)</small> DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                              |                                                                                                                                      |                                                                   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$850.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                              | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b>           |                                                                   |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                              | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>P<br/>RAYBURN, JIMMIE<br/>224 GUN CLUB RD<br/>JACKSONVILLE, FL 32218</b> <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>V<br/>RAYBURN, BEVERLY<br/>224 GUN CLUB RD<br/>JACKSONVILLE, FL 32218</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>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 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: <i>Jimmie Rayburn</i> <b>JIMMIE RAYBURN</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                              | Date <b>3-4-08</b><br>Daytime Phone #                                                                                                |                                                                   |