2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000075947

1. Entity Name RAYCO TRUCKING, INC.

Principal Place of Business

2429 APT.C TALCO HILL'S DR. TALLAHASSEE, FL 32303

Mading Address

2429 APT.C TALCO HILL'S DR. TALLAHASSEE, FL 32303

FILED May 04, 2004 08:00 AM Secretary of State



04042004

No Cha-P

CR2E034 (10/03)

4. FEI Number 59-3638709

Applied For Not Applicable

\$8.75 Additional Fee Required

5. Certificate of Status Desired

6. Name and Address of Current Registered Agent

MCCRANIE, RAYMOND

DO NOT WRITE

TALLAHASSEE, FL 32303				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, typed or printed name of registered agent and title it applicable (NOTE Registered Agent agent und required when rematating) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Fi Trust Fund Contribute		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCCRANIE, RAYMOND 2429C TALCO HILLS DR TALLAHASSEE, FL 32303				U00000155520 05/05/04-80041-011 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MCCRANIE, KEVIN 2429C TALCO HILLS DR TALLAHASSEE, FL 32303					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCCRANIE, JANICE 2429C TALCO HILLS DR TALLAHASSEE, FL 32303			DO NOT WRITE IN THIS SPACE		
THE NAME STREET ADDRESS CITY-ST-ZIP						
title Name Street address						

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 attact/ment with an address, with all other like empowered

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Mc Cons

9/2/04

519-3135