2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # S95088

1. Entity Name
RAYMOR TRUCKING, INC.

Principal Place of Business	Mailing Address
311 17TH ST SW	311 17TH ST SW
NAPLES, FL 34117 US	NAPLES, FL 34117 US

DO NOT WRITE IN THIS SPACE

01082007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0298753	Not Applicable

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

6. Name and Address of Current Registered Agent

RAYMOR, GARY
311 17TH ST SW
NAPLES, FL 34117

**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
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2007 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U000000585038 01/12/07-80063-004 150.00

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	RAYMOR, GARY B
STREET ADDRESS	311 17TH ST SW
CITY-ST-ZIP	NAPLES, FL 34117
TITLE	VP
NAME	RAYMOR, VICTORIA E.
STREET ADDRESS	311 17TH ST SW
CITY-ST-ZIP	NAPLES, FL 34117
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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: _Victoria Raymor_ Victoria Raymor   1-08-07   239-353-8885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #