


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90053 020 ***150.00

DOCUMENT # V26537 1. Entity Name RAY WAY ENTERPRISES, INC.			
Principal Place of Business PO BOX 100240 PALM BAY, FL 32910		Mailing Address PO BOX 100240 PALM BAY, FL 32910	
2. Principal Place of Business 921 Hosbine St. SE.		3. Mailing Address 921 Hosbine St. SE.	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Palm Bay FL		City & State Palm Bay FL	
Zip 32909		Zip 32909	
Country USA		Country USA	
4. FEI Number 59-3114971		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TIDWELL, WAYNE J 5978 BRAEMAR PLACE UNIT 105 ORLANDO, FL 32822		7. Name and Address of New Registered Agent Name Tidwell, Wayne J. Street Address (P.O. Box Number is Not Acceptable) 921 Hosbine St. S. E. City Palm Bay FL Zip 32909	
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 <u>Wayne J. Tidwell</u> <u>Wayne J. Tidwell, President</u> <u>2-21-05</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005: Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TIDWELL, WAYNE J JR 5978 BRAEMAR PLACE 105 PALM BAY, FL 32909	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS TIDWELL, SUZANNE 921 HOSBINE ST SE PALM BAY, FL 32909	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TIDWELL, WAYNE J SR 921 HOSBINE ST SE PALM BAY, FL 32909	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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 it 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: <u>Wayne J. Tidwell</u> <u>Wayne J. Tidwell</u> <u>2-21-05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>2-21-05</u> Daytime Phone # <u>321 427 1454</u>	