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2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIF

Secretary of State 02-23-2004 90056 020 ***150 00 DOCUMENT # V41910 RAY FLOYD ENTERPRISES, INC. 54009481 Mailing Address Principal Place of Business 10 BLOSSOM WAY 10 BLOSSOM WAY PALM BEACH, FL 33480 PALM BEACH, FL 33480 US 2. Principal Place of Business 3. Mailing Address HO. BOX 2163 P.O. Box 316.3 Suite, Apt. #, etc Suite, Apt. #, etc. 01282004 CR2E034 (10/03) City & State 4. FEI Number Applied For City & State Born b 65-0341238 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Maria Flord FLOYD, MARIA Street Address (P.O. Box Number is Not Acceptable) 10 BLOSSOM WAY PALM BEACH, FL 33480 Flagier Promerade 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 DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Delete TITLE W. Palm Deach, Fl 33405 **★** Change TITLE FLOYD, RAYMOND NAME NAME 10 BLOSSOM WAY STREET ADDRESS STREET ADDRESS PALM BEACH, FL 33480 CITY-ST-ZIP CITY-ST-ZIP 106 north Flagle Promenale M'Change " Addition TITLE-ST ----Delete ~~ TITLE FLOYD, MARIA NAME NAME W. Jelm Beach, Il 33405 STREET ADDRESS 10 BLOSSOM WAY STREET ADDRESS CITY-ST-ZIP-PALM:BEACH, FL=33480 CITY-ST-78 ☐ Delete ☐ Change ☐ Addition TITLE TITLE Pandorph, Blave NAME NAME 1360 105 STREET ADDRESS STREET ADDRESS JOFF XT , MOTOUSIN CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADD CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this line 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 attachment SIGNATURE:

FILED

Feb 23, 2004 8:00 am

Daytime Phone #