

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90021 045 ***150.00

DOCUMENT # 524375		
1. Entity Name GRAY ENTERPRISES, INC.		
Principal Place of Business SOUTHSIDE BUSINESS PARK 500 CR 115 N BUNNELL FL 32110		Mailing Address 500 CR 115 N. BUNNELL FL 32110
2. Principal Place of Business 500 C.R. 115 N		3. Mailing Address 500 C.R. 115 N.
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State BUNNELL, FL		City & State BUNNELL, FL
Zip 32110	Country FLORIDA	Zip 32110 Country FLORIDA

20030361



1st MOORE CR2E034 (10/04)

4. FEI Number 59-1720023		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent GRAY, HAROLD R. 500 C.R. 115 N BUNNELL FL 32110		
7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRAY, HAROLD R. 500 CR 115 NORTH BUNNELL FL 32110 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GRAY, STEVEN R. 500 CR 115 NORTH BUNNELL FL 32110 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 attachment with an address, with all other like empowered.

SIGNATURE: Harold R. Gray HAROLD R. GRAY 5/6/05 386-437-8429
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #