


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # 602357 1. Entity Name GRAYROBINSON, P.A.	
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Principal Place of Business 301 E. PINE STREET, SUITE 1400 ORLANDO, FL 32801	Mailing Address P O BOX 3068 ORLANDO, FL 32802
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03312004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1300132	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent MARSHALL, BYRD F. JR 301 E PINE ST SUITE 1400 ORLANDO, FL 32801
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MARSHALL, BYRD F JR 301 E PINE STREET, SUITE 1400 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAT FINCH, PHILIP R 301 E PINE STREET, SUITE 1400 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PRICE, PAMELA O. 301 E PINE STREET, SUITE 1400 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVAS ROBINSON, RICHARD M. 301 E PINE STREET, SUITE 1400 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC GRAY, J CHARLES 301 E PINE STREET, SUITE 1400 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1000000118365
04/19/04-80056-024 150.00

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IN THIS SPACE**

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:  **PAMELA O. PRICE, Sec'y** 41504 407-843-8880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #