

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2006 8:00 am
Secretary of State

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04272006 No Chg-P CR2E034 (11/05)

DOCUMENT # F05000006578
 1. Entity Name
JERRY GRAY'S ICS ROOFING, INC.



Principal Place of Business
1309 N. MACARTHUR
OKLAHOMA CITY, OK 73127

Mailing Address
1309 N. MACARTHUR
OKLAHOMA CITY, OK 73127

DO NOT WRITE IN THIS SPACE

4. FEI Number 73-1521527	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
COGAN, LISA
BUSINESS SUPPORT INC.
417 STOWE AVE SUITE 2
ORANGE PARK, FL 32073

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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 Lisa Cogan DATE 4/24/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	P GRAY, JERRY D 2400 S.E. 4TH ST. MOORE, OK 73160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GRAY, LICIA A 2400 S.E. 4TH ST. MOORE, OK 73160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Robert Wilkerson CPA DATE 4/24/06 DAYTIME PHONE # 405-326-2845
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR