


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90089 043 \*\*\*150.00

DOCUMENT # F93000003921					
1. Entity Name GRAY LUMBER COMPANY					
Principal Place of Business 5004 MONUMENT AVENUE SUITE 200 RICHMOND, VA 23230			Mailing Address 5004 MONUMENT AVENUE SUITE 200 RICHMOND, VA 23230		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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			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	P	<input type="checkbox"/> Delete		TITLE	Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAY, ELMON T			NAME	
STREET ADDRESS	328 FOREST LANE			STREET ADDRESS	
CITY-ST-ZIP	WAVERLY, VA 23890			CITY-ST-ZIP	
TITLE	S	<input type="checkbox"/> Delete		TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAY, GARLAND II			NAME	
STREET ADDRESS	328 FOREST LANE			STREET ADDRESS	
CITY-ST-ZIP	WAVERLY, VA 23890			CITY-ST-ZIP	
TITLE	T	<input type="checkbox"/> Delete		TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAY, BRUCE B			NAME	
STREET ADDRESS	328 FOREST LANE			STREET ADDRESS	
CITY-ST-ZIP	WAVERLY, VA 23890			CITY-ST-ZIP	
TITLE	V	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAY, HORACE A III			NAME	
STREET ADDRESS	5004 MONUMENT AVENUE SUITE 200			STREET ADDRESS	
CITY-ST-ZIP	RICHMOND, VA 23230			CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STETTINIUS, WALLACE			NAME	R. Keith McCarty
STREET ADDRESS	206 DRYDEN LANE			STREET ADDRESS	5004 Monument Ave. Suite 200
CITY-ST-ZIP	RICHMOND, VA 23229			CITY-ST-ZIP	Richmond VA 23230
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STETTINIUS, W. GRAY			NAME	Kelly L. Downing
STREET ADDRESS	105 ADDINGHAM COURT			STREET ADDRESS	5004 Monument Ave. Suite 200
CITY-ST-ZIP	RICHMOND, VA 23229			CITY-ST-ZIP	Richmond VA 23230
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: <i>Bruce B. Gray</i>		Date: 4/13/05		Daytime Phone #: 804/359-8444	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

