

# **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000115990

**FILED**  
**Aug 20, 2007**  
**Secretary of State**

**Entity Name:** PATRICK S. GRAY INSURANCE AGENCY INC.

**Current Principal Place of Business:**

2743 S. MAGUIRE RD  
OCOEE, FL 34761

**New Principal Place of Business:**

**Current Mailing Address:**

2743 S. MAGUIRE RD  
OCOEE, FL 34761

**New Mailing Address:**

**FEI Number:** 20-0314167

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GRAY, PATRICK S  
9571 W COLONAIL DR  
OCOEE, FL 34761 US

**Name and Address of New Registered Agent:**

GRAY, PATRICK S  
2743 S. MAGUIRE RD  
OCOEE, FL 34761 US

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.

**SIGNATURE:** PATRICK S. GRAY

08/20/2007

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** D ( ) Delete  
**Name:** GRAY, PATRICK S  
**Address:** 9571 W. COLONIAL DR.  
**City-St-Zip:** OCOEE, FL 34761

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** D (X) Change ( ) Addition  
**Name:** GRAY, PATRICK S  
**Address:** 2743 S. MAGUIRE RD  
**City-St-Zip:** OCOEE, FL 34761

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** PATRICK S. GRAY

D

08/20/2007

Electronic Signature of Signing Officer or Director

Date