

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000119126

FILED  
Jan 05, 2011  
Secretary of State

**Entity Name:** GRAY SALES INCORPORATED

**Current Principal Place of Business:**

22810 COLLRIDGE DR.  
LAND O LAKES, FL 34639

**New Principal Place of Business:**

**Current Mailing Address:**

22810 COLLRIDGE DR.  
LAND O LAKES, FL 34639

**New Mailing Address:**

**FEI Number:** 20-1524905

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MILLER, CURTIS J  
22810 COLLRIDGE DR  
LAND O LAKES, FL 34639 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** MILLER, CURTIS  
**Address:** 22810 COLLRIDGE DR.  
**City-St-Zip:** LAND O LAKES, FL 34639

**Title:** V  
**Name:** MILLER, DEANEE  
**Address:** 22810 COLLRIDGE DR.  
**City-St-Zip:** LAND O LAKES, FL 34639

**Title:** T  
**Name:** MILLER, MARY  
**Address:** 22810 COLLRIDGE DR.  
**City-St-Zip:** LAND O LAKES, FL 34639

**Title:** S  
**Name:** WOOTEN, TERRY  
**Address:** 14102 RIVERSTONE DR.  
**City-St-Zip:** TAMPA, FL 33624

**Title:** VP  
**Name:** BOSWELL, RUBY  
**Address:** 219 CRYSTAL GROVE BLVD  
**City-St-Zip:** LUTZ, FL 33548

I hereby 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 all other like empowered.

**SIGNATURE:** RUBY BOSWELL

VP

01/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date