


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90343 034 ***150.00

DOCUMENT # P99000068966

1. Entity Name
BRAY & GILLESPIE LA PLAYA, INC.



| | |
|---|---|
| Principal Place of Business 600 N. ATLANTIC AVE DAYTONA BEACH, FL 32118 | Mailing Address 600 N. ATLANTIC AVE DAYTONA BEACH, FL 32118 |
|---|---|

14015217



04142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|---|---------------------------------------|
| 4. FEI Number 59-3611685 | 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

CLAYTON, THOMAS M ESQ.
 600 N. ATLANTIC AVE
 DAYTONA BEACH, FL 32118

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 | D |
| NAME | BRAY, CHARLES A |
| STREET ADDRESS | 600 NORTH ATLANTIC AVENUE |
| CITY-ST-ZIP | DAYTONA BEACH, FL 32118 |
| TITLE | D |
| NAME | GILLESPIE, JOSEPH G |
| STREET ADDRESS | 600 NORTH ATLANTIC AVENUE |
| CITY-ST-ZIP | DAYTONA BEACH, FL 32118 |
| TITLE | D |
| NAME | DENBERT, MICHAEL B |
| STREET ADDRESS | 2875 NE 191ST ST., SUITE 802 |
| CITY-ST-ZIP | AVENTURA, FL 33180 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

DO NOT WRITE 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 an other like empowered.

SIGNATURE:  **Charles A. Bray** 4/22/04 257-1950

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #