


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # S79481 1. Entity Name GRAYSON ASSOCIATES, INC.	
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Principal Place of Business 1171 N OCEAN BLVD. GULFSTREAM, FL 33483	Mailing Address PO BOX 320238 FAIRFIELD, CT 06432
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DO NOT WRITE IN THIS SPACE



01302004 No Chg-P CR2E034 (10/03)

4. FEI Number 06-0845658	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

GRAYSON, NANCY
1171 N OCEAN BLVD
GULFSTREAM, FL 33483

**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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRIEK, DOMINIC 4059 PARK AVENUE FAIRFIELD, CT 06432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GRAYSON, NANCY 1171 N OCEAN BLVD. GULFSTREAM, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GRAYSON, KATHERINE 79 TEMPLAR PLACE OAKLAND, CA 94618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GRAYSON, JILL 15 BERKELEY ROAD WESTPORT, CT 06880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CONETTA, ELIZABETH 201 JOHNSON AVENUE STRATFORD, CT 06814
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS RENN, EDWARD A 157 CHURCH STREET, 19TH FLOOR NEW HAVEN, CT 06510

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IN THIS SPACE**

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04/19/04-80034-011 150.00

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: Elizabeth Conetta 4/16/04 203-3349408
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #