

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000009393

1. Entity Name
T.F. GRAY COLLECTIBLES, INC.



Principal Place of Business
**1341 RIVERSIDE CIR
WELLINGTON, FL 33414**

Mailing Address
**1341 RIVERSIDE CIR
WELLINGTON, FL 33414**



01032006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2143705

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GRAY, THEODORE F
1341 RIVERSIDE CIR
WELLINGTON, FL 33414**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GRAY, THEODORE F
STREET ADDRESS	1341 RIVERSIDE CIR
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	D
NAME	GRAY, GARY F
STREET ADDRESS	10047 MIKADO LN
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411
TITLE	D
NAME	BISHOP, ROBERT E
STREET ADDRESS	16594 90TH ST N
CITY-ST-ZIP	LOXAHATCHEE, FL 33470
TITLE	D
NAME	SLATTERY, GAVIN P
STREET ADDRESS	3745 TORRES CIRCLE
CITY-ST-ZIP	WEST PALM BEACH, FL 33409
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/23/06-80009-015 70.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 617, 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: Ted F. Gray **TED F. GRAY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/06 **561-762-4113**

Date Daytime Phone #