

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2006 8:00 am**  
**Secretary of State**

03-29-2006 90118 042 \*\*\*150.00

**DOCUMENT # L04440**

1. Entity Name  
**GRAYDAWN CORP.**



Principal Place of Business  
**%B J SIGNS  
1027 N. WASHINGTON BLVD  
SARASOTA, FL 34236**

Mailing Address  
**%B J SIGNS  
1027 N. WASHINGTON BLVD  
SARASOTA, FL 34236**



2. Principal Place of Business  
**7614 Matoaka Rd.**  
Suite, Apt. #, etc.

3. Mailing Address  
**7614 Matoaka Rd**  
Suite, Apt. #, etc.

02042006 Chg-P CR2E034 (11/05)

City & State  
**Sarasota, FL**  
Zip  
**34243** Country  
**USA**

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**Sarasota, FL**  
Zip  
**34243** Country  
**USA**

4. FEI Number  
**65-0137454** Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**WEBB, CHARLES W  
2172 HILLVIEW ST  
SARASOTA, FL 34239**

7. Name and Address of New Registered Agent

Name  
**Mary Lynn Desjarlais, P.A.**  
Street Address (P.O. Box Number is Not Acceptable)  
**2750 Stickney Point Rd  
#201**  
City  
**Sarasota** FL Zip Code  
**34231**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **3/13/06**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLFE, ROGER G 5251 ASHTON ROAD SARASOTA, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLFE, YVONNE D 5251 ASHTON ROAD SARASOTA, FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Jeffrey Wolfe 7614 matoaka Rd Sarasota, FL 34243	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OTS Tricia Sadler 7614 matoaka Rd Sarasota, FL 34243	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: **Lucia Sadler** **Tricia Sadler Sec/tres** **3/13/06** **941-955-5929**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #