

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000089204

**FILED**  
**Feb 26, 2009**  
**Secretary of State**

**Entity Name:** GRAY FOX INVESTIGATIONS, INC.

**Current Principal Place of Business:**

310 SE 8TH STREET  
OCALA, FL 34471

**New Principal Place of Business:**

303 SE 17TH ST  
309-215  
OCALA, FL 34471

**Current Mailing Address:**

310 SE 8TH STREET  
OCALA, FL 34471

**New Mailing Address:**

303 SE 17TH ST  
309-215  
OCALA, FL 34471

**FEI Number:** 26-3467587

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

THE MARION LAW FIRM, LLC  
310 SE 8TH STREET  
OCALA, FL 34471 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: WHITMAN, RICK  
Address: 310 SE 8TH STREET  
City-St-Zip: Ocala, FL 34471

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: WHITMAN, JAMES R  
Address: 303 SE 17TH ST., SUITE 309-215  
City-St-Zip: Ocala, FL 34471

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: J. R. WHITMAN

PRES

02/26/2009

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

\_\_\_\_\_  
Date