

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2005 08:00 AM
Secretary of State

DOCUMENT # 446564

1. Entity Name
JOHN W. GRAY INSURANCE AGENCY, INC.



Principal Place of Business
**3400 9TH ST N ST 304
NAPLES, FL 33940 US**

Mailing Address
**C/O JOHN W GRAY
210 BAY POINT
NAPLES, FL 34103 US**



01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|-----------------------------------------------------------|------------------------------------------|
| 4. FEI Number 59-1509681 | 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

**GRAY, JOHN W
210 BAY POINT
NAPLES, FL 34103**

**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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

U00000214800
02/04/05-80027-006 150.00

10. OFFICERS AND DIRECTORS

| | |
|------------------------------------------------|-----------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD GRAY, (JOHN W.) 210 BAY POINT NAPLES, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GRAY, (WILLIA JOY) 210 BAY POINT NAPLES, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GRAY, THOMAS RANDALL 3400 9TH ST N ST 304 NAPLES, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ORKIN, AMELIA S 323 HALLBROOK LANE ATLANTA, GA 30328 |
| 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 all other like empowered

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/05

Date

Daytime Phone #