


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 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	



01172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1509681	Applied For <input type="checkbox"/> 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
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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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	PD GRAY, (JOHN W.) 210 BAY POINT NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAY, (WILLIA JOY) 210 BAY POINT NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAY, THOMAS RANDALL 3400 9TH ST N ST 304 NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORKIN, AMELIA S 823 HALLBROOK LANE ALPHARETTA, GA 30004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000822573
02/20/08-80004-003 150.00

**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 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: John W. Gray **2-9-08 (239) 261-0425**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #