

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 446564

FILED  
Apr 22, 2009  
Secretary of State

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

## Current Principal Place of Business:

3400 9TH ST N ST 304  
NAPLES, FL 33940 US

## New Principal Place of Business:

## Current Mailing Address:

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

## New Mailing Address:

FEI Number: 59-1509681 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GRAY, JOHN W  
210 BAY POINT  
NAPLES, FL 34103 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: PD ( ) Delete  
Name: GRAY, (JOHN W.)  
Address: 210 BAY POINT  
City-St-Zip: NAPLES, FL 34103

Title: D ( ) Delete  
Name: GRAY, (WILLIA JOY)  
Address: 210 BAY POINT  
City-St-Zip: NAPLES, FL 34103

Title: D ( ) Delete  
Name: GRAY, THOMAS RANDALL  
Address: 3400 9TH ST N ST 304  
City-St-Zip: NAPLES, FL 34103

Title: D ( ) Delete  
Name: ORKIN, AMELIA S  
Address: 823 HALLBROOK LANE  
City-St-Zip: ALPHARETTA, GA 30004

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JOHN W. GRAY

PD

04/22/2009

Electronic Signature of Signing Officer or Director

Date