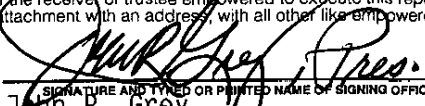


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90042 007 ***150.00

DOCUMENT # 525724 1. Entity Name F.I. GREY & SON, INC.					
Principal Place of Business 6328 US HWY 19 NEW PORT RICHEY, FL 34652-2232			Mailing Address 6328 US HWY 19 NEW PORT RICHEY, FL 34652-2232		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GREY, JOHN R 6328 US HWY 19 NEW PORT RICHEY, FL 34652				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE	P/D	☒ Change ☐ Addition
NAME	GREY, JOHN R.		NAME	GREY, JOHN R.	
STREET ADDRESS	6728 RIVER RD		STREET ADDRESS	6328 US HWY 19	
CITY-ST-ZIP	NEW PORT RICHEY, FL		CITY-ST-ZIP	NEW PORT RICHEY, FL 34652	
TITLE	STD	☐ Delete	TITLE	S/T/D	☒ Change ☐ Addition
NAME	GREY, CHARLES R.		NAME	GREY, CHARLES R.	
STREET ADDRESS	10711 HILLTOP DRIVE		STREET ADDRESS	6328 US HWY 19	
CITY-ST-ZIP	NEW PORT RICHEY, FL		CITY-ST-ZIP	NEW PORT RICHEY, FL 34652	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			3-15-04 727-849-2424		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		