2013 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
13 APR 15 AM 9:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 525724

1. Entity Name
F.I. GREY & SON, INC.

Principal Place of Business	Mailing Address
6328 US HWY 19 NEW PORT RICHEY, FL 34652-2232	6328 US HWY 19 NEW PORT RICHEY, FL 34652-2232
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

10312013 Chg-P CR2E034 (12/11)

4. FEI Number 59-1736522 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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
Due by September 27, 2013

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GREY, JOHN R. 6328 US HWY 19 NEW PORT RICHEY, FL 34652	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	200253142852 10/28/13--01026--015 **150.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD GREY, CHARLES R. 6328 US HWY 19 NEW PORT RICHEY, FL 34652	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

4/15

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: [signature] 12/30/13 chuck@figrey.com

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — EMAIL ADDRESS

CHARLES R. GREY

Corporations Payments Tools Activity lyarbrough

Information

Annual Report Filing History

Search By Document ID

525724

Search

Session

Transaction ID	Description	Filing Stage
525724-d795889f-4920-4390-963d-cfbb78f11a9f	Session file for 525724 with last modified date of 4/15/2013 12:46:58 PM Eastern Standard Time	FinalReview

Transactions

Transaction Id	Document Id	Filing Fee	Filing Status	Filing Date
525724-8521a39d-cbbb-4bb3-903e-065c195cf25d	525724	0	2	4/21/2011 12:00:00 AM
525724-aaf22cbb-32a6-41a4-9283-23727e749c0c	525724	0	2	3/29/2010 12:00:00 AM
525724-dbb5e151-5db5-4a42-8d6c-920042fb92af	525724	0	2	4/16/2012 12:00:00 AM