

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # 578474

1. Entity Name
GRAY TAXIDERMY, INC.



Principal Place of Business
**712 N.W. 12TH AVENUE
POMPANO BEACH, FL 33069**

Mailing Address
**712 N.W. 12TH AVENUE
POMPANO BEACH, FL 33069**



01242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1832979** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GRAY, WILLIAM H.
712 NW 12TH AVE
POMPANO BCH, FL 33069**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	GRAY, WILLIAM H.
STREET ADDRESS	712 N.W. 12TH AVENUE
CITY-ST-ZIP	POMPANO BEACH, FL
TITLE	VD
NAME	GRAY, LOIS CATHERINE
STREET ADDRESS	712 N.W. 12TH AVENUE
CITY-ST-ZIP	POMPANO BEACH, FL
TITLE	VS
NAME	HALL, IAN
STREET ADDRESS	277 TROPIC DR
CITY-ST-ZIP	LAUDERDLE BY THE SEA, FL
TITLE	VP
NAME	LAMPONE, LEO
STREET ADDRESS	2405 NW 79 TERRACE
CITY-ST-ZIP	MARGATE, FL 33063
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/08/06-80035-016 150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/06
Date

954-785-6456
Daytime Phone #