2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# 745771

Entity Name: BLUE/GREY ARMY, INC.

Current Principal Place of Business:

630 NW OLD MILL DR.
LAKE CITY, FL 32055

New Principal Place of Business:

Current Mailing Address:

630 NW OLD MILL DR.
LAKE CITY, FL 32055

New Mailing Address:

FEI Number: 59-1896145 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOWLING-WARREN, FAYE
630 NW OLD MILL DR.
LAKE CITY, FL 32055 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

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	COLEMAN, TOM	
Address:	SW HAMLET CIR.	
City-St-Zip:	LAKE CITY, FL 32024	
Title:	VP	( ) Delete
Name:	BOWLING-WARREN, FAYE	
Address:	630 NW OLD MILL DR.	
City-St-Zip:	LAKE CITY, FL 32055	
Title:	S	( ) Delete
Name:	BROWN, ANN	
Address:	116 NW COLUMBIA AVE.	
City-St-Zip:	LAKE CITY, FL 32055	
Title:	T	( ) Delete
Name:	TRAWICK, BETTY	
Address:	SW TEMPLE WAY	
City-St-Zip:	LAKE CITY, FL 32025	

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:	T	(X) Change ( ) Addition
Name:	LORD, PAULETTE M	
Address:	PO BOX 313	
City-St-Zip:	LAKE CITY, FL 32056	

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAULETTE M. LORD T 04/30/2009

Electronic Signature of Signing Officer or Director — Date