

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # 850722

1. Entity Name
THE GRAY INSURANCE COMPANY



Principal Place of Business
**3601 N I-10 SERVICE RD
METAIRIE, LA 70002-7045 US**

Mailing Address
**P O BOX 6202
METAIRIE, LA 70009-6202 US**



04042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 72-0824217	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD GRAY, DENVER F. 3601 N I-10 SERVICE RD W METAIRIE, LA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HUGHES, ROBERT M 3601 N I-10 SERVICE RD W METAIRIE, LA 700027045
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GRAY, WALTER VERLANDER 3601 N I-10 SERVICE RD W METAIRIE, LA 700027045
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRAY, MICHAEL TOWNSEND 3601 N I-10 SERVICE ROAD W METAIRIE, LA 700027045
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GRAY, ERIC VERLANDER 3601 N I-10 SERVICE ROAD W METAIRIE, LA 700027045
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MANGUNO, MARK STEVEN 3601 N I-10 SERVICE ROAD W METAIRIE, LA 700027045

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04/09/05-80062-021 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the 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: *Mark Manguno*

MARK S. MANGUNO, SECRETARY 4/5/2005 (504) 888-7790

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #