

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90213 001 ***150.00

DOCUMENT # F04000003204

1. Entity Name
GRAYSON MITCHELL, INC.



Principal Place of Business
184 COMFORT RD
PALATKA, FL 32177

Mailing Address
184 COMFORT RD
PALATKA, FL 32177

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04242008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

54-1077633

Applied For

Not Applicable

Zip

Country

Zip

Country

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

COPLEY, RICK
184 COMFORT RD
PALATKA, FL 32177

Name

H: GRAYSON-MITCHELL JR

Street Address (P.O. Box Number is Not Acceptable)

184 Comfort Rd

City

PALATKA

FL

Zip Code
32177

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, 2008 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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
MITCHELL, H. GRAYSON JR *Pres* ☐ Delete
215 OLD FARM RD
ROANOKE RAPIDS, NC 27870

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
MITCHELL, LORETTA H *Sec/Treas* ☐ Delete
215 OLD FARM RD
ROANOKE RAPIDS, NC 27870

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Change ☐ Addition

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

4-28-08

Date

Daytime Phone #