2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F05000006578

1. Entity Name

JERRY GRAY'S ICS ROOFING, INC.



FILED Apr 28, 2008 08:00 AN Secretary of State

Principal Place of Business

1309 N. MACARTHUR OKLAHOMA CITY, OK 73127 Mailing Address

1309 N. MACARTHUR OKLAHOMA CITY, OK 73127



DO NOT WRITE IN THIS SPACE

 04222008
 No Chg-P
 CR2E034 (11/05)

 4. FEI Number
 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COGAN, LISA BUSINESS SUPPORT INC. 417 STOWE AVE SUITE 2 ORANGE PARK, FL 32073

SIGNATURE:

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, 2008 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.				\$5.00 May Be Added to Fees	U00000927696 05/20/08-80117-004	150.00
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRAY, JERRY D 2400 S.E. 4TH ST. MOORE, OK 73160			٠		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GRAY, LICIA A 2400 S.E. 4TH ST. MOORE, OK 73160				, '	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			· 	DO	NOT WRITE	
• TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,					
NAME STREET ADDRESS CITY-ST-ZIP				And the second s		• •
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.						

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR