2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G21387

Entity Name: GRAY'S, INC. OF PENSACOLA

FILED Mar 04, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3300 NORTH PACE BLVD., SUITE 240 3300 NORTH PACE BLVD., SUITE 245

PENSACOLA, FL 32505 PENSACOLA, FL 32505

Current Mailing Address: New Mailing Address:

3300 NORTH PACE BLVD., SUITE 240 3300 NORTH PACE BLVD., SUITE 245

PENSACOLA, FL 32505 PENSACOLA, FL 32505

FEI Number: 59-2249863 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

GRAY, ROBERT M. GRAY, ROBERT M. 416 SHORELINE DRIVE 16 HIGHPOINT DRIVE

US GULF BREEZE, FL 32561 GULF BREEZE, FL 32561 US

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: ROBERT M. GRAY 03/04/2004

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition GRAY, DONNA P GRAY, DONNA P Name: Name: 416 SHORELINE DRIVE 16 HIGHPOINT DRIVE Address: Address: City-St-Zip:

GULF BREEZE, FL City-St-Zip: GULF BREEZE, FL 32561 US

Title: Title: (X) Change () Addition () Delete GRAY, ROBERT M, GRAY, ROBERT M. Name: Name: 416 SHORELINE DRIVE Address: 16 HIGHPOINT DRIVE Address: GULF BREEZE, FL GULF BREEZE, FL 32561 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA P. GRAY ST 03/04/2004