

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # G30699

1. Entity Name
J & J GRAY GROVES, INC.



Principal Place of Business
**P.O. BOX 1406
365 SOUTH LAKE SHORE WAY
LAKE ALFRED, FL 33850**

Mailing Address
**P.O. BOX 1406
365 SOUTH LAKE SHORE WAY
LAKE ALFRED, FL 33850**



04202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2326150 Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GRAY, JOHN H.
365 SOUTH LAKE SHORE WAY
LAKE ALFRED, FL 33850**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

**000000544942
05/11/06-80056-002 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**PO
GRAY, J. W., JR.
157 LAKE OTIS RD, S.E.
WINTER HAVEN, FL**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**DST
GRAY, JOHN H.
902 W LAKE OTIS DR
WINTER HAVEN, FL 00000**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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IN THIS SPACE**

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: *John H. Gray - Sec-Treas*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-06 863-958-3431
Chs Daytime Phone h