

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G54850

FILED  
Apr 27, 2012  
Secretary of State

**Entity Name:** DAVID GRAY PLUMBING, INCORPORATED

**Current Principal Place of Business:**

8850 CORPORATE SQUARE CT.  
JACKSONVILLE, FL 32216 US

**New Principal Place of Business:**

6491 POWERS AVENUE  
JACKSONVILLE, FL 32217 US

**Current Mailing Address:**

PO BOX 11303  
JACKSONVILLE, FL 32239 US

**New Mailing Address:**

6491 POWERS AVENUE  
JACKSONVILLE, FL 32217 US

**FEI Number:** 59-2480329

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCCORMICK, JAN  
%BRANT, ABRAHAM, REITER, MCCORMICK & GREEN  
50 N. LAURA ST., STE. 2750  
JACKSONVILLE, FL 32202 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: GRAY, DAVID  
Address: 6491 POWERS AVENUE  
City-St-Zip: JACKSONVILLE, FL 32217

Title: VD  
Name: ROSS, MAJOR N JR  
Address: 6491 POWERS AVENUE  
City-St-Zip: JACKSONVILLE, FL 32217

Title: DST  
Name: GRAY, GARY D  
Address: 6491 POWERS AVE  
City-St-Zip: JACKSONVILLE, FL 32217

I hereby 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 all other like empowered.

SIGNATURE: GARY D. GRAY

DST

04/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date