


2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J05255 1. Entity Name B.M. GRAY, INC.	
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Principal Place of Business % BEN GRAY 2290 OAKES BLVD NAPLES, FL 34119 US	Mailing Address % BEN GRAY 2290 OAKES BLVD NAPLES, FL 34119 US
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DO NOT WRITE IN THIS SPACE

FILED
 06 MAY 19 PM 12: 26
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



04252006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2699725	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GRAY, BEN
 2290 OAKES BLVD
 NAPLES, FL 34119

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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 _____ (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 19 2006 Added to Fees

700075573697
 3/06--01053--005 **150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRAY, BENJAMIN 2290 OAKES BLVD NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GRAY, CLARK P 2290 OAKES BLVD NAPLES, FL 34119
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *B. M. Gray* 5/1/04 (839) 240-3918

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #