2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 16, 2006 8:00 am
Secretary of State
05-04-2006 90244 003 ***150.00

DOCUMENT # J82555

1. Entity Name
GARY GRAY'S TAXIDERMY, INC.

Principal Place of Business	Mailing Address
439-C AULIN AVE. OVIEDO, FL. 3030 N. COUNTY RD. 426 GENEVA, FL 32732	439-C AULIN AVE. OVIEDO, FL. 3030 N. COUNTY RD. 426 GENEVA, FL 32732

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04202008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2856948
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GRAY, PRISCILLA ANN
3030 N. COUNTY RD. 426
GENEVA, FL 32732

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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: Priscilla Ann Gray 4/26/06
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

10. OFFICERS AND DIRECTORS

TITLE	PDT
NAME	GRAY, GARY S.
STREET ADDRESS	3030 N. COUNTY RD. 426
CITY-ST-ZIP	GENEVA, FL
TITLE	SD
NAME	GRAY, PRISCILLA ANN
STREET ADDRESS	3030 N. COUNTY RD. 426
CITY-ST-ZIP	GENEVA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: Priscilla Ann Gray 4/19/06 Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #