


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2006 8:00 am**  
**Secretary of State**

03-24-2006 90018 034 \*\*\*150.00

<b>DOCUMENT # K73074</b> 1. Entity Name <b>GRAY DEVELOPMENT CO., INC.</b>			
Principal Place of Business <b>4570 ORANGE BLVD. SUITE A LAKE MONROE, FL 32747 US</b>		Mailing Address <b>P.O. BOX 471264 LAKE MONROE, FL 32747-1264 US</b>	
2. Principal Place of Business <b>105 E. STATE ROAD 434</b>		3. Mailing Address <b>105 E. STATE 434</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>WINTER SPRINGS, FL</b>		City & State <b>WINTER SPRINGS, FL</b>	
Zip <b>32708</b>		Zip <b>32708</b>	
Country <b>US</b>		Country <b>US</b>	
4. FEI Number <b>59-2945853</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GRAY, WILLIAM D MR. 33325 EQUESTRIAN TRAIL SORRENTO, FL 32776</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MR. GRAY, WILLIAM D MR. 33325 EQUESTRIAN TRAIL SORRENTO, FL 32776</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.			
<b>SIGNATURE:</b> <u>Wm - [Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		3-24-06 <small>Date</small>	407-321-4229 <small>Daytime Phone #</small>