

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000030165

FILED  
Aug 15, 2005  
Secretary of State

**Entity Name:** GRAY AREA COUNSELING SERVICES, INC.

**Current Principal Place of Business:**

10823 SEMINOLE BLVD  
SUITE 2B  
LARGO, FL 33778

**New Principal Place of Business:**

10823 SEMINOLE BLVD  
SUITE 2B  
SEMINOLE, FL 33778

**Current Mailing Address:**

2230 NURSERY RD.  
C-36  
CLEARWATER, FL 33764

**New Mailing Address:**

10823 SEMINOLE BLVD  
SUITE 2B  
SEMINOLE, FL 337878

**FEI Number:** 59-3631612

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GRAY, GARY R  
10823 SEMINOLE BLVD., STE 2B  
LARGO, FL 33778 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: O ( ) Delete  
Name: GRAY, GARY R  
Address: 2230 NURSERY RD. C-36  
City-St-Zip: CLEARWATER, FL 33764

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: O (X) Change ( ) Addition  
Name: GRAY, GARY R  
Address: 1409 ADAM'S CIR. E.  
City-St-Zip: LARGO, FL 33771

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: GARY R. GRAY

OWNE

08/15/2005

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

\_\_\_\_\_  
Date