

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90214 004 ***150.00

DOCUMENT # P00000040849

1. Entity Name
GRAYS LIMITED, INC.



Principal Place of Business
4012 CORTEZ ROAD WEST
STE 2202
BRADENTON, FL 34210

Mailing Address
4012 CORTEZ ROAD WEST
STE 2202
BRADENTON, FL 34210

14009996



DO NOT WRITE IN THIS SPACE

02022004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3644812	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

SCOURTAS, LOUIS
24761 US HWY 19 N, SUITE 630
CLEARWATER, FL 33763

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IN THIS SPACE**

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

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D
NAME GRAY, RODNEY
STREET ADDRESS 4012 CORTEZ ROAD WEST STE 2202
CITY-ST-ZIP BRADENTON, FL 34210

TITLE D
NAME GRAY, MELANIE
STREET ADDRESS 4012 CORTEZ ROAD WEST STE 2202
CITY-ST-ZIP BRADENTON, FL 34210

TITLE D
NAME SCOURTAS, LOUIS
STREET ADDRESS 24761 US HWY 19 N, SUITE 630
CITY-ST-ZIP CLEARWATER, FL 33763

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CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

RODNEY GRAY 4-21-04 941 7279337