

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000087919

FILED  
Apr 23, 2007  
Secretary of State

Entity Name: MASON GRAY ENTERPRISES, INC.

## Current Principal Place of Business:

4812 PALM BEACH BLVD  
FORT MYERS, FL 33905

## New Principal Place of Business:

1819 NW, 19TH PLACE  
CAPE CORAL, FL 33993

## Current Mailing Address:

4812 PALM BEACH BLVD  
FORT MYERS, FL 33905

## New Mailing Address:

1819 NW, 19TH PLACE  
CAPE CORAL, FL 33993

FEI Number: 65-1041734

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BOOMGAARD, ALMA T  
4812 PALM BEACH BLVD  
FORT MYERS, FL 33905 US

## Name and Address of New Registered Agent:

BOOMGAARD, ALMA T  
14174 CARIBBEAN BLVD.  
FORT MYERS, FL 33905 US

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:

04/23/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: BOOMGAARD, ALMA T  
Address: 4812 PALM BEACH BLVD  
City-St-Zip: FORT MYERS, FL 33905

Title: VD ( ) Delete  
Name: KETZBEAU, GLENN W.  
Address: 4812 PALM BEACH BLVD  
City-St-Zip: FORT MYERS, FL 33905

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: BOOMGAARD, ALMA T  
Address: 14174 CARIBBEAN BLVD.  
City-St-Zip: FORT MYERS, FL 33905

Title: VD (X) Change ( ) Addition  
Name: KETZBEAU, GLENN W.  
Address: 5047 MERIT DRIVE  
City-St-Zip: FLINT, MI 48506

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: ALMA T. BOOMGAARD

PD

04/23/2007

Electronic Signature of Signing Officer or Director

Date