


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90530 006 \*\*\*158.75

<b>DOCUMENT # P00755</b>	
1. Entity Name <b>GRAY CONSTRUCTION COMPANY, INC.</b>	

Principal Place of Business <b>1100 N MAIN KISSIMMEE FL 34744 US</b>	Mailing Address <b>1100 N MAIN KISSIMMEE FL 34744 US</b>
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2. Principal Place of Business <b>408 N MAIN</b>	3. Mailing Address <b>408 N MAIN</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>TRENTON FL</b>	City & State <b>TRENTON FL</b>
Zip <b>32693</b>	Country <b>US</b>
Country <b>US</b>	Zip <b>32693</b>

4. FEI Number <b>25-1421313</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>GRAY, JON R. 1100 N MAIN KISSIMMEE FL 34744</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
<b>408 N MAIN</b>	
City <b>TRENTON</b>	FL Zip Code <b>32693</b>

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</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT GRAY, JON R. 1100 N MAIN KISSIMMEE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>408 N MAIN TRENTON FL 32693</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GRAY, JON R. 1100 N MAIN KISSIMMEE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>408 N MAIN TRENTON FL 32693</b>
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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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

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:**  **JON R. GRAY** **4-21-04** **407-846-1884**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #