


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90343 031 ***150.00

DOCUMENT # P01000036855

1. Entity Name
BRAY & GILLESPIE VI MANAGEMENT, INC.



Principal Place of Business
 600 NORTH ATLANTIC AVE.
 DAYTONA BEACH, FL 32118

Mailing Address
 600 NORTH ATLANTIC AVE.
 DAYTONA BEACH, FL 32118



04142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 90-0019747

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CLAYTON, THOMAS M ESQ.
 600 NORTH ATLANTIC AVE.
 DAYTONA BEACH, FL 32118

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

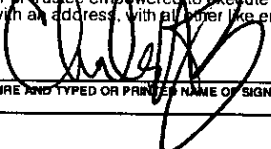
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BRAY, CHARLES
STREET ADDRESS	600 NORTH ATLANTIC AVENUE
CITY-ST-ZIP	DAYTONA BEACH, FL 32118
TITLE	D
NAME	GILLESPIE, JOSEPH
STREET ADDRESS	600 NORTH ATLANTIC AVENUE
CITY-ST-ZIP	DAYTONA BEACH, FL 32118
TITLE	D
NAME	DENBERG, MICHAEL B ESQ
STREET ADDRESS	201 ALHAMBRA CIRCLE SUITE 601
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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:  **Charles A Bray** 4/22/04 257-1950

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #