## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 16, 2008 08:00 AN Secretary of State **DOCUMENT # P01000043848** GRAY AUTOMOTIVE SERVICE, INC. Principal Place of Business Mailing Address **5280 PINEVIEW WAY 5280 PINEVIEW WAY** APOPKA, FL 32703 APOPKA, FL 32703 01112008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3733544 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PATEL, PRAVIN DO NOT WRITE 2426 E SEMORAN BLVD APOPKA, FL 32703 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME GRAY, JERRY E STREET ADDRESS 5280 PINEVIEW WAY U00000785142 01/16/08-80083-018 150.00 APOPKA, FL 32703 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

formation supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information supplements 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 acceive 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 I hereby certify that the information suindicated on this report of supplement of the corporation or the received or tree.

SIGNATURE:

CITY-ST-ZIP

PAINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED