

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000093788

1. Entity Name
GREGORY ENTERPRISES, INC.



Principal Place of Business
310 RODEO ROAD
ORMOND BEACH, FL 32174

Mailing Address
PO BOX 730355
ORMOND BEACH, FL 32173

**FILED
May 04, 2004 08:00 AM
Secretary of State**



04302004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3747686	Applied For
	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GREGORY, JAY R
310 RODEO ROAD
ORMOND BEACH, FL 32174

**DO NOT WRITE
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

400000154947
05/05/04-80017-020 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GREGORY, LISA A
STREET ADDRESS 310 RODEO ROAD
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE VD
NAME GREGORY, JAY R
STREET ADDRESS 310 RODEO ROAD
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

4/30/04

386-672-4128

Date

Daytime Phone #