


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # <b>P01000116371</b>	
1. Entity Name <b>GRAYMILL, INC</b>	

FILED  
04 MAR 26 PM 12:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>WINDJAMMER RESTAURANT</b>		3. Mailing Address <b>16681 McGREGOR BLVD</b>	
Suite, Apt. #, etc. <b>16681 McGREGOR BLVD</b>		Suite, Apt. #, etc. <b>SUITE 401</b>	
City & State <b>FT MYERS FL</b>		City & State <b>FT MYERS FL</b>	
Zip <b>33908</b>	Country <b>Lee</b>	Zip <b>33908</b>	Country <b>Lee</b>

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4. FEI Number <b>605-1157167</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE IN THIS SPACE**

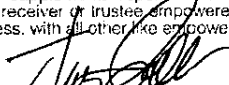
7. Name and Address of Current Registered Agent	
Name <b>THEODORE JANNELL</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>1710 DINE BEACH BLVD</b>	
City <b>SANIBEL</b>	FL Zip Code <b>33957</b>

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)</small>	DATE _____
<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</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>

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>THEODORE JANNELL</b> <b>1710 DINE BEACH BLVD</b> <b>SANIBEL, FL 33957</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>100032110171</b> <b>04/07/04--01064--002 **150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Sec</b> <b>JAMES JANNELL</b> <b>1710 DINE BEACH BLVD</b> <b>SANIBEL, FL 33957</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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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 on an attachment with an address, with all other fee empowered.

SIGNATURE: 	Date: <b>3/28/04</b>	By/for: <b>4064142</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

CR2E034B (12/02)