

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000115032

Entity Name: GRAYS BAY BUILDERS, INC.

FILED  
Jan 16, 2009  
Secretary of State

## Current Principal Place of Business:

1730 CLOCK TOWER  
BOX 377  
VICTORIA, MN 55386

## New Principal Place of Business:

1730 CLOCK TOWER # 509  
BOX 377  
VICTORIA, MN 55386

## Current Mailing Address:

PO BOX 377  
VICTORIA, MN 55386

## New Mailing Address:

1730 CLOCK TOWER # 509  
BOX 377  
VICTORIA, MN 55386

FEI Number: 52-2383604

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

VLASAK SNELL, MARY ESQ  
1833 HENDRY ST  
DRAWER 1507  
FORT MYERS, FL 33902 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: LEIGHTON, MICHAEL J  
Address: PO BOX 377  
City-St-Zip: VICTORIA, MN 55386

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL LEIGHTON

PRES

01/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date