
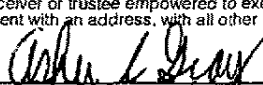


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000004123			
1. Entity Name GRAY ASSET MANAGEMENT, INC.			
Principal Place of Business 13500 SUTTON PARK DRIVE SOUTH STE 703 JACKSONVILLE, FL 32224		Mailing Address 13500 SUTTON PARK DRIVE SOUTH STE 703 JACKSONVILLE, FL 32224	
DO NOT WRITE IN THIS SPACE			
		01262005 No Chg-P CR2E034 (10/03)	
4. FEI Number 13-4223244		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILCOX, RALEIGH M 13500 SUTTON PARK DRIVE SOUTH STE 703 JACKSONVILLE, FL 32224		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		1100000316027 04/19/05-80058-013 150.00	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		P GRAY, ASHER C 13500 SUTTON PARK DRIVE SOUTH #703 JACKSONVILLE, FL 32224	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ST GRAY, MARCI L 13500 SUTTON PARK DRIVE SOUTH, #703 JACKSONVILLE, FL 32224	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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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:  (Asher C. Gray)		4-18-05 904-223-0884	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	