## **2007 FOR PROFIT CORPORATION**

CITY-ST-ZIP

SIGNATURE:

**FILED ANNUAL REPORT** May 01, 2007 08:00 AM **DOCUMENT # P03000024160 Secretary of State** 1. Entity Name DF GRAY INC. Principal Place of Business Mailing Address 1020 NE 34 AVE 1020 NE 34 AVE OCALA, FL 34470 OCALA, FL 34470 No Chg-P CR2E034 (11/05) 04302007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 33-1086671 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GRAY, DANIEL F III DO NOT WRITE 1020 NE 34 AVE OCALA, FL 34470 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. 4-25-07 SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 U00000753690  $\Pi$ Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 05/22/07-80031-016 150.00 10. OFFICERS AND DIRECTORS **PVST** TITLE GRAY, DANIEL FIII NAME STREET ADDRESS 1020 NE 34 AVE CITY-ST-ZIP OCALA, FL 34470 TITLE GRAY, DANIEL F III 1020 NF 34 AVE STREET ADDRESS CITY-ST-ZIP OCALA, FL 34470 TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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.

Devtime Phone #

R OR DIRECTOR

EGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFF