
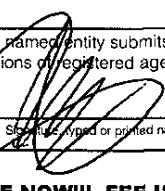
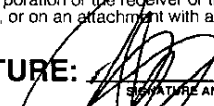


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90212 001 ***300.00

DOCUMENT # P03000038534					
1. Entity Name DANTE & GRAY, INC					
Principal Place of Business 4533 PRINCESS LABETH CT JACKSONVILLE, FL 32258			Mailing Address 4533 PRINCESS LABETH CT JACKSONVILLE, FL 32258		
2. Principal Place of Business 4320 Deerwood Lake Pkwy		3. Mailing Address 4320 Deerwood Lake Pkwy #101			
Suite, Apt. #, etc. 101		Suite, Apt. #, etc. 101		03222004 Chg-P CR2E034 (10/03)	
City & State Jacksonville, FL		City & State Jacksonville, FL		4. FEI Number 04-3756955	
Zip 32216		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SETIADY, GANDY 4533 PRINCESS LABETH CT JACKSONVILLE, FL 32258			7. Name and Address of New Registered Agent Name: GANDY SETIADY Street Address (P.O. Box Number is Not Acceptable): 4320 Deerwood Lake Pkwy #101 City: Jacksonville FL Zip Code: 32216		
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:  DATE: 3/23/04 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: P NAME: SETIADY, GANDY STREET ADDRESS: 4533 PRINCESS LABETH CT CITY-ST-ZIP: JACKSONVILLE, FL 32258	<input checked="" type="checkbox"/> Delete		TITLE: P NAME: GANDY SETIADY STREET ADDRESS: 4320 Deerwood Lake Pkwy #101 CITY-ST-ZIP: Jacksonville, FL 32216	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: VP NAME: GRAY, PATRICK H STREET ADDRESS: 4533 PRINCESS LABETH CT CITY-ST-ZIP: JACKSONVILLE, FL 32258	<input checked="" type="checkbox"/> Delete		TITLE: VP NAME: GRAY, PATRICK H STREET ADDRESS: 4320 Deerwood Lake Pkwy #101 CITY-ST-ZIP: Jacksonville, FL 32216	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			3/23/04 (904) 998-2000		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		