2005 FOR PROFIT CORPORATION
2006 ANNUAL REPORT (AR)

FILED
Aug 29, 2006 8:00 am
Secretary of State
08-03-2006 90004 011 ***150.00

DOCUMENT # P03000082298

1. Entity Name
FRED GRAYSON, INC.

V 66023629

Principal Place of Business	Mailing Address
6800 W. COMMERCIAL BLVD. STE 4 FT. LAUDERDALE FL 33319	6800 W. COMMERCIAL BLVD. STE 4 FT. LAUDERDALE FL 33319

1st MOORE CR2E034 (10/04)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 54-2119612 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GRAYSON, FRED
6800 W. COMMERCIAL BLVD. STE 4
FT. LAUDERDALE FL 33319

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 ______________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	GRAYSON, FRED		NAME		
STREET ADDRESS	6800 W. COMMERCIAL BLVD.		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33319		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: FRED GRAYSON 7/27/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT
060023629
#P03000082298

Dr. Fred J. Grayson
Chiropractic Physician

6800 West Commercial Blvd. · Suite 4 · Ft. Lauderdale, FL 33319 · (954) 741-7000

August 25, 2006

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir,

Enclosed please find a copy of a letter from your office indicating that I have filed my profit annual report/uniform business report late. Also enclosed is a copy of the actual report that was filed. I filed this report as soon as I received it. I was informed by your office that a notice was sent out sometime around January to inform me of the necessity of filing this report in a timely manner. Unfortunately this office did not receive that report. This is an official request to have the $ 400.00 late fee waived. Thank you for your consideration.

Respectfully,

F Grayson D.C.

Fred Grayson D.C.