

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 30, 2004 8:00 am
Secretary of State

07-30-2004 90010 041 ***158.75

DOCUMENT # P03000106750

1. Entity Name

FRED R. GREGORY, INC.



Principal Place of Business

94 SKY HIGH DUNE DR
SANTA ROSA BCH FL 32459

Mailing Address

94 SKY HIGH DUNE DR
SANTA ROSA BCH FL 32459

2. Principal Place of Business

94 Sky High Dune Dr

Suite, Apt. #, etc.

3. Mailing Address

94 Sky High Dune Dr

Suite, Apt. #, etc.

City & State

Santa Rosa Bch, Fla.

Zip

32459

Country

US

City & State

Santa Rosa Bch, Fla.

Zip

32459

Country

US

4. FEI Number

20 029 2086

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GREGORY, MONTE J
94 SKY HIGH DUNE DR
SANTA ROSA BCH FL 32459

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

of registered agent

if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GREGORY, FRED R
STREET ADDRESS 94 SKY HIGH DUNE DR
CITY-ST-ZIP SANTA ROSA BCH FL 32459 ☐ Delete

TITLE STD
NAME GREGORY, MONTE J
STREET ADDRESS 94 SKY HIGH DUNE DR
CITY-ST-ZIP SANTA ROSA BCH FL 32459 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

Monte J. Gregory (MONTE J. GREGORY)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/23/04

Date

850-267-2863

Daytime Phone #