


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 11, 2005 8:00 am
Secretary of State

05-11-2005 90127 038 ***150.00

DOCUMENT # P03000116886	
1. Entity Name DARRYL GRAY PHOTOGRAPHY, INC.	

Principal Place of Business 2373 US HWY 27 S SEBRING FL 33870	Mailing Address 2373 US HWY 27 S SEBRING FL 33870
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2. Principal Place of Business 2311 W NAUTILUS RD Suite, Apt. #, etc.	3. Mailing Address 2311 W NAUTILUS RD Suite, Apt. #, etc.
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City & State AVON PARK FL	City & State AVON PARK FL
Zip 33825	Country HIGHLANDS
Zip 33825	Country HIGHLANDS

6. Name and Address of Current Registered Agent RUBIN, STEPHEN M 5300 FIRST UNION FINANCIAL CENTER 200 S BISCAYNE BLVD MIAMI FL 33131-2339		7. Name and Address of New Registered Agent Name RUBIN, STEPHEN M Street Address (P.O. Box Number is Not Acceptable) 200 So BISCAYNE BLVD SUITE 2500 City MIAMI FL Zip Code 33131	
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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 _____

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAY, DARRYL L 2373 US HWY 27 S SEBRING FL 33870 <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	D GRAY, CAROL S 2373 US HWY 27 S SEBRING FL 33870 <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
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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: CAROL S GRAY *Carol S Gray* **5-1-05 452-1528**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #