


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90041 039 ***150.00

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1. Entity Name
ROGER GRAY, INC.



Principal Place of Business
~~2989 BYINGTON CIRCLE~~
TALLAHASSEE, FL 32303

Mailing Address
 % WEIDENBACH & COMPANY PA
 1560 CAPITAL CIRCLE NW, SUITE 16
 TALLAHASSEE, FL 32303

40045862



02062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0345838

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

GRAY, ROGER L
~~2989 BYINGTON CIRCLE~~ Roger L Gray
 TALLAHASSEE, FL 32303 7058 Calico Cir
 Tallahassee FL 32303

Change Address

DO NOT WRITE 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.

SIGNATURE: *Roger L Gray* DATE: *3-4-08*

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GRAY, ROGER L
STREET ADDRESS	2989 BYINGTON CIRCLE
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	
NAME	Roger L Gray
STREET ADDRESS	7058 Calico Cir
CITY-ST-ZIP	Tallahassee FL 32303
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

Change Address

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12. I hereby certify that the information supplied with this filing 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.

SIGNATURE: *Roger L Gray* **ROGER L. GRAY** DATE: *3-4-08* DAYTIME PHONE: *850-567-5557*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #