2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P04000026757

1. Entity Name

MARY ANNE GRAY, P.A.



Principal Place of Business

1647 W. GULF TO LAKE HWY LECANTO, FL 34461 US Mailing Address

3507 S. DIAMOND AVENUE INVERNESS, FL 34452 US

FILED
Apr 19, 2007 08:00 AM
Secretary of State



04112007

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-0712986

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRAY, MARY A 3507 S. DIAMOND AVENUE INVERNESS, FL 34452

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INVERNESS, FL 34452			IN THIS SPACE		
	named entity submits this statement for the prions of registered agent.	urpose of changing its registered	office or r	egistered agent, or bot	h, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature typed or printed name of registered agent and little if	applicable. (NOTE: Registered A	gent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Financi .Trust Fund Contribution	ng 🗆	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY+ST+ZIP	P GRAY, MARY A 3507 S. DIAMOND AVENUE INVERNESS, FL 34452				
TITLE NAME Street address City-St-Zip	VP GRAY, GEORGE E III 3507 S. DIAMOND AVENUE INVERNESS, FL 34452				
TITLE NAME STREET ADDRESS CHY-ST-ZIP	d			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SPACE
TITLE Name Street address City-St-Zip		-		-	U00000716300 04/30/07-80002-020 150.0
TITLE NAME STREET ADDRESS CHY-ST-ZIP		Mary and		. unit	
12. I hereby o	ertily that the information supplied with this fill	ing does not qualify for the exem	ptions cor	ntained in Chapter 119	, Florida Statutes. I further certify that the information

12. Thereby 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:

RE AND TO SEE OR PRINTED NAME OF SIGNING PRICER OR DIRECT

4/17/01

352 7464383

Daytime Phone #