


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90044 019 \*\*\*150.00

<b>DOCUMENT # P04000098086</b> 1. Entity Name <b>GARY W. GRAY, P.A.</b>			
Principal Place of Business <b>8486 ATHENS COURT</b> <b>WEEKI WACHEE, FL 34613 US</b>		Mailing Address <b>8486 ATHENS COURT</b> <b>WEEKI WACHEE, FL 34613 US</b>	
2. Principal Place of Business - No P.O. Box # <b>9346 Ashley Dr.</b>		3. Mailing Address <b>9346 Ashley Dr.</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Weeki Wachee, FL</b>		City & State <b>Weeki Wachee, FL</b>	
Zip <b>34613</b>	Country <b>USA</b>	Zip <b>34613</b>	Country <b>USA</b>
<b>6. Name and Address of Current Registered Agent</b> <b>JAMES BARROW PLLC</b> <b>12313 KNOTTY PINE COURT</b> <b>SPRING HILL, FL 34609</b>		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRAY, GARY W 8486 ATHENS COURT WEEKI WACHEE, FL 34613	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Gray, Gary W. 9346 Ashley Dr. Weeki Wachee, FL 34613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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
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
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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4. FEI Number  
51-0514946

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

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/29/07