

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 10, 2006 8:00 am**  
**Secretary of State**

03-10-2006 90011 010 \*\*\*150.00

**DOCUMENT # P04000162359**

1. Entity Name

BRAY & BRAY ENTERPRISES, INC.



Principal Place of Business

C/O THOMAS P. BRAY  
258 SW VOLTAIR TERRACE  
PORT ST. LUCIE FL 34983

Mailing Address

C/O THOMAS P. BRAY  
258 SW VOLTAIR TERRACE  
PORT ST. LUCIE FL 34983



2. Principal Place of Business

802 S.W. BAYSHORE BLVD  
Suite, Apt. #, etc.

3. Mailing Address

902 S.E. WALTERS TERR.  
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

PORT ST LUCIE, FL

Zip  
34983

Country

U.S.A.

City & State

PORT ST LUCIE, FL

Zip  
34983

Country

U.S.A.

4. FEI Number

06-1734290

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BRAY, THOMAS P  
258 SW VOLTAIR TERRACE  
PORT ST. LUCIE FL 34983

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 name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME BRAY, MARSHA  
STREET ADDRESS 2588 SW VOLTAIR TERR  
CITY-ST-ZIP PORT SAINT LUCIE FL 34983

TITLE D ☐ Delete  
NAME BRAY, THOMAS  
STREET ADDRESS 258 SW VOLTAIR  
CITY-ST-ZIP PORT SAINT LUCIE FL 34983

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition  
NAME BRAY, MARSHA  
STREET ADDRESS 902 S.E. WALTERS TERR.  
CITY-ST-ZIP PORT ST. LUCIE, FL 34983

TITLE D ☒ Change ☐ Addition  
NAME BRAY, THOMAS  
STREET ADDRESS 902 S.E. WALTERS TERR  
CITY-ST-ZIP PORT ST LUCIE, FL 34983

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: MARSHA L. BRAY

Date

Daytime Phone #

3/3/06

772-  
240-4850