2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

FILED May 01, 2006 8:00 am Secretary of State

DOCUMENT # P05000020910 1. Entity Name NIX & GRAY CONSTRUCTION, INC.						05-01-2006 90332 004 ***150.00				
Principal Place of Business			ailing Address							
12118 NORTH BLVD. TAMPA, FL 33612		1	2118 NORTH BLVD. AMPA, FL 33612							
. 6							 			
2. Principal Place of Business			Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·	04132006	Chg-P	CR2E03	`		
City & State			City & State		4. FEI Numb	้ <u>แล 8573</u>	3		plied For t Applicable	
Zip	p Country		Zip Cour		ntry	5. Certificate	of Status Desired		8.75 Add	
6. Name and Address of Current Registered Agent						7. Name and	Address of New Re			u
o. Haine and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name					
NIX, GORDON R.					Chart Address (D.O. Bar Nissaharia Nationalakia)					
12118 NORTH BLVD.					Street Address (P.O. Box Number is Not Acceptable)					
TAMPA, FL 33612										
					City				Zip Code	9
		1						FL	`	
8. The above named entry 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, tigged or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 47.										
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees										
10.	OFFICERS AND DIRECTORS 11					ADDITIONS	CHANGES TO OFFIC	CERS AND D	RECTORS	S IN 11
TITLE	P Delete TI							I	Change	☐ Addition
NAME STREET ADDRESS				NAM	IE EET ADDRESS					
CITY-ST-ZIP					-ST-ZIP					
TITLE	·		TITL	E				Change	☐ Addition	
NAME	GRAY, DAVID M.									
STREET ADDRESS					EET ADDRESS					
CITY-ST-ZIP	TAMPA, FL 33612	-ST-ZIP				_				
11TLE NAME			☐ Delete	TITL NAM	l l	•		Į	Change	Addition
STREET ADDRESS					EET ADDRESS					
CITY-ST-ZIP					-ST-ZIP					
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NAME				NAM						
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FITLE			☐ Delete	TITL	_			1	Change	Addition
NAME CIDEET ADDOCCE				NAM	1E EET ADDRESS					
STREET ADDRESS CITY-ST-ZIP					'-ST-ZIP					
12. Thereby	L	lied with this f	iling does not qualify fo	or the ex	emptions contained	d in Chapter 11	9, Florida Statutes. I f	urther certify	that the ir	nformation
12. I hereby certify that the information supplied with this filling 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 fike empowered.										