

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000019619

**FILED**  
**Apr 11, 2012**  
**Secretary of State**

**Entity Name:** GRAY LANDSCAPING & HORTICULTURAL SERVICES, INC.

**Current Principal Place of Business:**

215 SW 63RD STREET RD  
OCALA, FL 34471

**New Principal Place of Business:**

**Current Mailing Address:**

215 SW 63RD STREET RD  
OCALA, FL 34471

**New Mailing Address:**

**FEI Number:** 20-4291576

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GRAY, JOHN M  
215 SW 63RD STREET RD  
OCALA, FL 34471 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PDS  
Name: GRAY, JOHN M  
Address: 215 SW 63RD STREET RD  
City-St-Zip: OCALA, FL 34471

Title: VTD  
Name: GRAY, ASHLIE  
Address: 215 SW 63RD STREET RD  
City-St-Zip: OCALA, FL 34471

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ASHLIE GRAY

VP

04/11/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date