

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90099 010 ***150.00

DOCUMENT # P06000074133

1. Entity Name
GRAY RESEARCH, INC.



Principal Place of Business
**310 BAHAMA DRIVE
INDIALANTIC, FL 32903 US**

Mailing Address
**655 DISCOVERY DR.
SUITE 300
HUNTSVILLE, AL 35806 US**

40014867



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01292007

Chg-P

CR2E034 (12/06)

4. FEI Number

63-1210233

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRASWELL, EDWARD W
310 BAHAMA DRIVE
INDIALANTIC, FL 32903**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P D** ☐ Delete
NAME **GRAY, RONALD**
STREET ADDRESS **1506 BLACKHALL LANE SE**
CITY-ST-ZIP **DECATUR, AL 35601**

TITLE **D** ☐ Delete
NAME **HOLMES, MICHAEL**
STREET ADDRESS **3090 CELESTIAL DRIVE**
CITY-ST-ZIP **HARTSELLE, AL 35640**

TITLE **D** ☐ Delete
NAME **GRAY, CYNTHIA**
STREET ADDRESS **1506 BLACKHALL LANE SE**
CITY-ST-ZIP **DECATUR, AL 35601**

TITLE **D** ☐ Delete
NAME **HOLMES, STEPHANIE**
STREET ADDRESS **3090 CELESTIAL DRIVE**
CITY-ST-ZIP **HARTSELLE, AL 35640**

TITLE **D** ☐ Delete
NAME **ODOM, JIM**
STREET ADDRESS **511 OAK STREET NE**
CITY-ST-ZIP **DECATUR, AL 35601**

TITLE **D** ☐ Delete
NAME **THOMPSON, JAMES**
STREET ADDRESS **2319 MEADOWBROOK RD. SE**
CITY-ST-ZIP **DECATUR, AL 35601**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **13 Ledge View Dr.**
CITY-ST-ZIP **Huntsville, AL 35802**

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

TITLE **C.E.O. & Director** ☒ Change ☐ Addition
NAME
STREET ADDRESS **13 Ledge View Dr.**
CITY-ST-ZIP **Huntsville, AL 35802**

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 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: *Cynthia C Gray* **CYNTHIA C. GRAY**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/2007 **256-319-8302**
Date Daytime Phone #