

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # P07908

1. Entity Name
GRAY-CALHOUN & ASSOCIATES, INC.



Principal Place of Business
**1800 PEACHTREE ST., NW
SUITE 200
ATLANTA, GA 30309 US**

Mailing Address
**4350 W. CYPRESS STREET
SUITE 340
TAMPA, FL 33607 US**



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number
58-1626967

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CALHOUN, JAY H.L.
GRAY-CALHOUN & ASSOCIATES, INC
4350 WEST CYPRESS ST., STE. 340
TAMPA, FL 33607**

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
GRAY, JAMES C.
656 WESLEY DRIVE NW
ATLANTA, GA 30305**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**3VP
CALHOUN, JAY H.L.
1410 DESOTO AVE
TAMPA, FL 33606**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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01/10/05-80075-013 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Jay H. Calhoun
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/04/05
Date

813/831-8870
Daytime Phone #