


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 11, 2006 08:00 AM
Secretary of State

DOCUMENT # P11883		
1. Entity Name BILL GRAY'S, INC.		
Principal Place of Business P.O. BOX 323 WEBSTER, NY 14580	Mailing Address P.O. BOX 323 WEBSTER, NY 14580	



07072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 16-0909818	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, SUITE 105
TALLAHASSEE, FL 32301**

**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
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HEGEDORN, BRUCE 635 TIMOTHY LANE WEBSTER, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MT GONZALEZ, JOHN 1030 LAKE RD WEBSTER, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRAY, DAN 647 BERG ROAD ONTARIO, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERMAN, KEITH 10 ESKER RISE VICTOR, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEDGEDORN, BRIAN 964 RIDGE ROAD WEBSTER, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000569332
07/11/06-80021-012 150.00

**DO NOT WRITE
IN THIS SPACE**

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/06
Date

Daytime Phone #