

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2005 08:00 AM
Secretary of State

DOCUMENT # P39872

1. Entity Name
GORDON FAY ASSOCIATES, INC.



Principal Place of Business

**420 WASHINGTON STREET, SUITE 401
BRAINTREE, MA 02184**

Mailing Address

**420 WASHINGTON STREET, SUITE 401
BRAINTREE, MA 02184**



01122005 No Chg-P CR2E034 (10/03)

4. FEI Number

04-2629169

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

**FAY, GORDON H.
4110 CENTERPOINTE DR., SUITE 207
FORT MYERS, FL 33916-9445**

**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, if applicable. None registered agent signature required if not transferred.

**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	DPT
NAME	FAY, GORDON H.
STREET ADDRESS	4110 CENTER POINTE DR #207
CITY- ST- ZIP	FORT MYERS, FL 339169424
TITLE	VPD
NAME	FAY, SUSAN J.
STREET ADDRESS	4110 CENTER POINTE DR #207
CITY- ST- ZIP	FORT MYERS, FL 339169424
TITLE	S
NAME	BROWN, NATHANIAL K.
STREET ADDRESS	110 GREAT RD
CITY- ST- ZIP	BEDFORD, MA 01730
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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01/21/05-80006-022 158.75

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gordon H. Fay

Date

1/12/05

234-275-6060

Daytime Phone #