2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P39872

1. Entity Name
GORDON FAY ASSOCIATES, INC.

Principal Place of Business	Mailing Address
420 WASHINGTON STREET, SUITE 401 BRAINTREE, MA 02184	420 WASHINGTON STREET, SUITE 401 BRAINTREE, MA 02184

DO NOT WRITE IN THIS SPACE

03252008 No Chg-P CR2E034 (11/05)

4. FEI Number
04-2629169
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

U00000876549
04/11/08-80078-006 158.75

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	FAY, GORDON H.
STREET ADDRESS	4110 CENTER POINTE DR #207
CITY-ST-ZIP	FORT MYERS, FL 33916
TITLE	VPD
NAME	FAY, SUSAN J.
STREET ADDRESS	4110 CENTER POINTE DR #207
CITY-ST-ZIP	FORT MYERS, FL 33916
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	

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: _____ GORDON H. FAY 3/26/08 (239)275-6060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #