2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2007
Secretary of State

DOCUMENT# P93000015087

Entity Name: GRAYER ELECTRIC, INC.

Current Principal Place of Business:

8602 NW SR 45
HIGH SPRINGS, FL 32643 US

New Principal Place of Business:

Current Mailing Address:

8602 NW SR 45
HIGH SPRINGS, FL 32643 US

New Mailing Address:

FEI Number: 20-5992554 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRAYER, GALE
8602 NW SR 45
HIGH SPRINGS, FL 32643 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPST ( ) Delete
Name: GRAYER, GALE
Address: 8602 NW SR 45
City-St-Zip: HIGH SPRINGS, FL 32643

Title: VP ( ) Delete
Name: JOEY, LAW
Address: 5919 SW 40TH ST.
City-St-Zip: BELL, FL 32619

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: GRAYER, GALE
Address: 8602 NW SR 45
City-St-Zip: HIGH SPRINGS, FL 32643

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TR ( ) Change (X) Addition
Name: WOODWARD, CHARLES
Address: 1143 FROMAGE CIRCLE WEST
City-St-Zip: JACKSONVILLE, FL 32225

Title: ST ( ) Change (X) Addition
Name: GRAYER, AMANDA
Address: 8602 NW STATE ROAD 45
City-St-Zip: HIGH SPRINGS, FL 32643

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GALE D GRAYER DP 01/23/2007

Electronic Signature of Signing Officer or Director Date