2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000015087

Entity Name: GRAYER ELECTRIC, INC.

WOODWARD, CHARLES

JACKSONVILLE, FL 32225

1143 FROMAGE CIRCLE WEST

Name:

Address: City-St-Zip: FILED May 05, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 8602 NW SR 45 HIGH SPRINGS, FL 32643 US **Current Mailing Address: New Mailing Address:** 8602 NW SR 45 HIGH SPRINGS, FL 32643 US FEI Number: 20-5992554 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GRAYER, GALE 8602 NW SR 45 HIGH SPRINGS, FL 32643 US 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 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition GRAYER, GALE Name: Name: 8602 NW SR 45 Address: Address: City-St-Zip: HIGH SPRINGS, FL 32643 City-St-Zip: Title: Title: () Change () Addition () Delete Name: GRAYER, AMANDA C Name: 8602 NW SR 45 Address: Address: HIGH SPRINGS, FL 32643 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify 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.

Name:

Address:

City-St-Zip:

SIGNATURE: GALE GRAYER DP 05/05/2009