

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P94000014546

1. Entity Name
FRANK I. GREY, P.A.



**FILED
Mar 08, 2004 8:00 am
Secretary of State**

03-08-2004 90032 013 ***150.00

Principal Place of Business
5709 TIDALWAVE DRIVE
NEW PORT RICHEY, FL 34652 US

Mailing Address
5709 TIDALWAVE DRIVE
NEW PORT RICHEY, FL 34652 US

03032004

2. Principal Place of Business 9020 Rancho Del Rio Drive Suite, Apt. #, etc. Suite 101	3. Mailing Address 9020 Rancho Del Rio Drive Suite, Apt. #, etc. Suite 101
City & State New Port Richey, FL 34655	City & State New Port Richey, FL 34655
Zip 34655	Country Pasco
Zip 34655	Country Pasco

03032004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3223387	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GREY, FRANK I
5709 TIDALWAVE DRIVE
NEW PORT RICHEY, FL 34652

Name

Street Address (P.O. Box Number is Not Acceptable)

9020 Rancho Del Rio Drive,

Suite 101

City New Port Richey, FL	FL	Zip Code 34655
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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

Frank I. Grey
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-5-04

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST GREY, FRANK I 5709 TIDALWAVE DRIVE NEW PORT RICHEY, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST Frank I. Grey 9020 Rancho Del Rio Drive, Suite 101 New Port Richey, FL 34655	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Frank I. Grey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-04

(727) 376-3330

Date

Daytime Phone #