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321-768-0300 Daytime Phone #

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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DOCUMENT # P95000050873 1. Entity Name								OF CORPORATION					
ROBERT C. GRAY, P.A									04 OCT	25 AM	'KAHD; 9: no	<u>.</u>	
Principal Place of Business Mailing Address										• •	J. U J		
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2. Principal Place of Business 3. Mailing Address						_							
		cock St.)				
Suite. Apt.	#, etc.			Suite, Apt. #, etc.			J	4	MOORE	CR2E034	(4/04)		
City & Stat Melbor		Florida	City &	City & State				4. FEI Numb	59-332243	7	<u> </u>	oplied For of Applicable	
Zip		Country	Zip	Zip Count				E Costificate	o of Statue Desired	\$	8.75 Add		
329		USA					5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent						
	6. Nam	e and Address of Cur	rent Registered	Agent	Name			7. Name an	d Address of New F	Registered Ac	ent		
GRAY, ROBERT C													
1674 W HIBISCUS BLVD BLDG E							Street Address (P.O. Box Number is Not Acceptable)						
MELBOURNE FL 32901													
						City				FL	Zip Code		
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. 10/25/04-01077-016 **400.00													
10/25/0401077016 ***400.00													
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE													
FILE NOW!!! FEE IS \$550:00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00													
DUE BY September 8, 2004 late fee. By checking this box, the corporation certifies it 9. Election Campaign Financing 35.00 May Be Added to Fees													
Make Check Payable to Florida Department of State did not receive prior notice. Fee to file									`				
10.	OFFICERS AND DIRECTORS 11							ADDITIONS	/CHANGES TO OFF				
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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 object like empowered.												or director	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

SIGNATURE: _

Phone: 321-952-5200 • Fax: 321-729-4365

E-mail: carpenter_cpa@msn.com

Riverfront Building
 Web: www.carpentercpa.com

304 South Harbor City Boulevard Suite 101 • Melbourne, Florida 32901

October 13, 2004

Florida Department of State Division of Corporations P.O. Box 6850 Tallahassee, Florida 32314

RE: Robert C. Gray, PA

Document # P95000050873

To Whom It May Concern:

This office represents Robert C. Gray, PA.

It was our responsibility to file the Annual Report on behalf of Robert C. Gray, PA.

Due to my personal hospitalization and rehabilitation and then the lack of business facilities following two hurricanes, the report was not filed.

I am respectfully requesting a waiver of the penalty (\$400.00) for reasonable cause. In the event the waiver is denied, I will pay the penalty, not Robert C. Gray, PA.

Also, for your consideration, there was an address change for Robert C. Gray, PA, as follows:

From: 1674 West Hibiscus Boulevard

Building E

Melbourne, Florida 32901

To: 2200 South Babcock Street

Melbourne, Florida 32901

Robert C. Gray, PA......October 13, 2004......Page 2 of 2

I enclosed a check in the amount of \$400. In the event this waiver is granted, please return the check to the undersigned.

Thank you for your consideration.

Sincerely,

Darwin R. Carpenter, Jr., CPA

Darwin R. Carpenter, fr.

Enclosures, as stated