2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P96000096671

GRAY MATERIALS & CONTRACTING, INC.



FILED Apr 30, 2007 08:00 A Secretary of State

Principal Place of Business

Mailing Address

1229 LUCAS STREET LEESBURG, FL 34748

PO BOX 491600

LEESBURG, FL: 34749-1600 US



DO NOT WRITE IN THIS SPACE

CR2E034 (11/05) 04262007 No Chg-P

4. FEI Number 59-3414138 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRAY, MICHAEL 9821 WEDGEWOOD LANE LEESBURG, FL 34788

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

	e named entity submits this statement for the price of registered agent.	urpose of changing its re	gistered off	ice or r	egistered agent, or both	, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	applicable. (NOTE R	legistered Agent	t signature	required when reinstating)	DATE
	E NOWIII FEE IS \$150.00 ay 1, 2007 Fee will be \$850.00	Election Campaign Trust Fund Contrib	n Financing		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			4	
TITLE NAME STREET ADDRESS CHY-ST-ZIP	PD GRAY, MICHAEL 9821 WEDGEWOOD LANE LEESBURG, FL 34788					
TITLE NAME STREFT ADDRESS CITY-ST-ZIP	STD GRAY, LINDA A 9821 WEDGEWOOD LANE LEESBURG, FL 34788					U00000741799 05/15/07-80044-015 150.0
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KORNER, JACK E 819 SUTTON ST. LADY LAKE, FL 32159			DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE		
TITLE	1					

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.

Michael Gray

4/27/07

352-787-1188

SIGNATURE AND TYPED OR PRINTED RECTOR GNING OFFICER OR

Date

Daytime Phone #