

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000016225

1. Entity Name
D. GRAY INCORPORATED



FILED
Jan 18, 2005 08:00 AM
Secretary of State

Principal Place of Business
1160 NW 70TH LANE
MARGATE, FL 33063

Mailing Address
1160 NW 70TH LANE
MARGATE, FL 33063



DO NOT WRITE IN THIS SPACE

01112005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0733507	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GRAY, DONALD W
1160 NW 70TH LANE
MARGATE, FL 33063

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00**

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME GRAY, DONALD W
STREET ADDRESS 1160 NW 70TH LANE
CITY-ST-ZIP MARGATE, FL 33063

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000183483
01/19/05-80068-02D 150.00

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954

969-7777