

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2005 8:00 am**  
**Secretary of State**

02-22-2005 90015 035 \*\*\*150.00

<b>DOCUMENT # P98000023523</b> 1. Entity Name <b>GRAVEL ROAD, INC.</b>						
Principal Place of Business <b>500 EAST PRINCETON STREET ORLANDO, FL 32803</b>				Mailing Address <b>500 EAST PRINCETON STREET ORLANDO, FL 32803</b>		
2. Principal Place of Business <i>1717 Edgewater Drive</i>		3. Mailing Address <i>P.O. Box 547918</i>				
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 				
City & State <i>Orlando, Fla</i>		City & State <i>Orlando, Fla</i>		4. FEI Number <b>59-3504453</b>		
Zip <i>32854</i>		Country <i>Orange</i>		Applied For <input type="checkbox"/> Not Applicable		
Zip <i>32854</i>		Country <i>Orange</i>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>WHITE, ROBERT B JR 558 W NE ENGLAND AVE STE. 240 WINTER PARK, FL 32789</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>						
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARLOW, THOMAS P III <del>POST OFFICE BOX 547103</del> ORLANDO, FL 328547103		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>P.O. Box 547918 ORLANDO FL 32854</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCREE, RICHARD T 500 EAST PRINCETON STREET ORLANDO, FL 32803		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>V.P. &amp; Sec. WARLOW, MEGAN O. P.O. Box 547918 ORLANDO FL 32854</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <i>[Signature]</i>				Date: <i>2-18-05</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Daytime Phone #: <i>407 841-8253</i>		